

**RULES
OF
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
SOCIAL SERVICES DIVISION**

**CHAPTER 0250-7-13
ADOPTION PROCESS FORMS**

TABLE OF CONTENTS

0250-7-13-.01	Purpose, Scope and Format of Rules	0250-7-13-.10	Surrender Documents for Use in Surrenders Directly to Prospective Adoptive Parents by an Inmate of a State or Federal Penitentiary
0250-7-13-.02	Medical/Social History of Child's Family Form	0250-7-13-.11	Parental Consent Form Used in Confirmation of Consent Proceeding before the Court
0250-7-13-.03	Surrender Documents for Use in Surrenders to a Licensed Child-Placing Agency or the Tennessee Department of Children's Services in these matters, in a Tennessee Court	0250-7-13-.12	Certification of Social Counseling Form
0250-7-13-.04	Surrender Documents for Use in Surrenders Directly to Prospective Adoptive Parents in a Tennessee Court	0250-7-13-.13	Certification of Legal Counseling
0250-7-13-.05	Surrender Documents for Use in Surrenders to a Licensed Child-Placing Agency or the Tennessee Department of Children's Services in these matters, in Court in Another State or Territory	0250-7-13-.14	Payment Disclosure Form
0250-7-13-.06	Surrender Documents for Use in Surrenders Directly to Prospective Adoptive Parents in a Court in Another State or Territory	0250-7-13-.15	Adoption Consent Form for Minor Who is Fourteen (14) Years of Age
0250-7-13-.07	Surrender Documents for Use in Surrenders to a Licensed Child-Placing Agency or the Tennessee Department of Children's Services in these matters, before United States Foreign Service Officer or Officer of the United States Armed Forces in a Foreign Country	0250-7-13-.16	Adoption Consent Form for Use by Guardian Ad Litem for Minor Who is Fourteen (14) Years of Age and Who is Mentally Disabled
0250-7-13-.08	Surrender Documents for Use in Surrenders Directly to Prospective Adoptive Parents before a United States Foreign Service Officer or Officer of the United States Armed Forces in a Foreign Country	0250-7-13-.17	Adoption Consent Form for Use by Guardian Ad Litem, Guardian or Conservator for Adult Who is Being Adopted and Who is Mentally Disabled
0250-7-13-.09	Surrender Documents for Use in Surrenders to a Licensed Child-Placing Agency or the Tennessee Department of Children's Services in these matters, by an Inmate of a State or Federal Penitentiary	0250-7-13-.18	Fee Disclosure Form for Agency or Licensed Clinical Social Worker
		0250-7-13-.19	Fee Disclosure Form for Attorney
		0250-7-13-.20	Release of Information Form for Updated Medical Information
		0250-7-13-.21	Consent by a Licensed Child-Placing Agency or by the Tennessee Department of Children's Services for Adoption of a Child

0250-7-13-.01 PURPOSE, SCOPE AND FORMAT OF RULES.

- (1) These rules establish the mandatory forms promulgated by the Department of Children's Services pursuant to Executive Order #6, January 12, 1996 and Public Chapter 532 (1995), required: for use in obtaining medical social/histories of children being surrendered; for surrenders of children for adoption in Tennessee Courts or in another State or Territory or a foreign country or by an inmate of State or Federal correctional facility; for the use of parental consents to the adoption of children utilized in adoption petitions in Tennessee; for revocation of surrenders and parental consents; for vetoes of contact in the future by the adopted person with the surrendering person or others; for payment and fee disclosure requirements; for certification of social and legal counseling which may be requested by the surrendering or consenting parent or legal guardian; for consents for adoption by minors fourteen (14) years of age and by guardians ad litem of such minors and disabled adults; and for releases of information for updated medical information. These forms may be modified by the Department of Children's Services in these matters, pursuant to further Executive Orders or legislation.
- (2) The forms established by these rules are mandatory for use by the courts, the clerks, attorneys, prospective adoptive parents, state and private agencies and other persons or entities who may be involved in the adoption process; provided, however, that surrenders by a person residing in another

(Rule 0250-7-13-.01, continued)

state or territory of the United States and in conformity with the laws of another state or territory shall be accepted in Tennessee.

- (3) These forms may be reproduced in any page length or type size or style for use by any persons or entities who may need to use them, but must contain, without alteration, the language which is contained in the forms, except where otherwise noted in these rules or on the form itself.
- (4) (a) Copies of the forms necessary for use in the adoption process may be obtained from the Clerks of Courts in Tennessee which have authority pursuant to T.C.A. § 36-1-111 to accept surrenders, from the local county office of the Department of Children's Services in these matters, the Regional Offices of the Department's Legal Staff, or the Central Office Adoption Services office in the Cordell Hull Building, 8th Floor, 436 6th Avenue North, Nashville, TN. 37243-1290, (615) 532-5637. Copies will also be supplied to licensed child-placing agencies in Tennessee.
- (b) Copies of the entire set of forms may be obtained on diskette in Microsoft Word from the Central Office by submitting two (2) formatted disks to this address with a self-addressed, postage paid return envelope suitable for mailing diskettes, or by requesting full copies from the above address. A charge will be made for providing a full set of hard copies from the Central Office.

Authority: T.C.A. §§4-5-201, et seq., 36-1-101 et seq., Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.02 MEDICAL/ SOCIAL HISTORY OF CHILD'S FAMILY FORM.

- (1) This form must be completed pursuant to T.C.A § 36-1-111(k)(1) under oath before the judge or other person authorized to conduct the surrender proceeding or at the judge's or person's direction, the clerk or an employee of the court or person conducting the surrender, prior to the execution of the surrender of a child or prior to the confirmation of the parental consent pursuant to T.C.A. § 36-1-117(g).
- (2) The completed form shall be kept in a separate file designated for the purpose of maintaining the form until it is forwarded to the court where the adoption petition is filed. The information contained in the form shall be confidential and shall not be disclosed to any other person without the written approval of the court; provided, however, a copy of the information with all identifying information deleted shall be furnished to the adoptive parent(s) or their attorney.
- (3) Form:

MEDICAL/SOCIAL HISTORY FOR CHILD AND CHILD'S FAMILY TENNESSEE CODE ANNOTATED, § 36-1-111(k)

This form must be completed under oath prior to execution of the surrender, or prior to confirmation of the parental consent. T.C.A. § 36-1-111(k).

When being completed by both the birth mother and birth father, a form is required to be completed by each parent.

When one birth parent is completing this form, information about the other birth parent should be completed when that parent is unavailable or refuses to complete the form for her/himself.

The legal parents or legal guardians who are not the birth parents of the child should complete information known to them about the birth parents.

This form shall be kept by the court in a separate file designated for that purpose until it is forwarded to the court when the adoption petition is filed. The Medical/Social History for Child and Child's Family shall be confidential and shall not be inspected by any person without the written approval of the court.

A copy of this form, with all identifying information deleted shall be given to the prospective adoptive parents or their attorney. T.C.A. § 36-111(k)(1).

NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

(Rule 0250-7-13-.02, continued)

STATE OF TENNESSEE OR OTHER LOCATION (_____)
 COUNTY OF _____ OR OTHER CITY OR PROVINCE (_____)

Being duly sworn according to law, affiant would state:

The following information is true and correct to the best of my knowledge:

PERSON COMPLETING THIS FORM:

() BIRTH () LEGAL MOTHER'S NAME: _____

() BIRTH () LEGAL FATHER'S NAME: _____

GUARDIAN(S) NAME: _____

ADDRESS: _____
 STREET/RURAL ROUTE/P.O. BOX _____ CITY/TOWN _____ STATE _____ ZIP _____

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____

BIRTH MOTHER'S RACE _____ NATIONALITY _____

BIRTH FATHER'S RACE _____ NATIONALITY _____

BIRTH MOTHER'S SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____

BIRTH FATHER'S SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____

CHILD'S NAME _____ D.O.B. _____ SEX _____ RACE _____

(To indicate race, please use codes of AA (African American), AI (American Indian), AS (Asian), CA (Caucasian), HI (Hispanic) or other (specify) _____. To indicate a mixed racial heritage, write in more than one code, for example a child who is African American and Caucasian heritage, write in "AACA.")

IF NATIVE AMERICAN HERITAGE IS INDICATED, PLEASE SPECIFY:

TRIBE: _____ LOCATION: _____

THE PARENT IS REGISTERED () ELIGIBLE TO BE, BUT NOT REGISTERED ()
 WITH THE ABOVE TRIBE.

THE CHILD IS REGISTERED () ELIGIBLE TO BE, BUT NOT REGISTERED ()
 WITH THE ABOVE TRIBE.

MARRIAGES:

(IF PARENT HAS BEEN MARRIED, COMPLETE THE FOLLOWING INFORMATION)

NAME OF SPOUSE (INCLUDE MAIDEN NAME)	DATE OF MARRIAGE	CITY/STATE WHERE MARRIAGE OCCURRED	COUNTY OF LICENSE

DIVORCES:

INCLUDE ANNULMENTS/SEPARATIONS/ANY TYPE DISSOLUTIONMENTS OF MARRIAGE)

NAME OF SPOUSE	DATE AND TYPE OF DISSOLUTIONMENT	CITY/STATE OF DIVORCE DECREE	COURT

IF MARRIAGE ENDED WITH THE DEATH OF A SPOUSE, PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME OF SPOUSE	DATE OF DEATH	CITY/COUNTY/STATE WHERE DEATH OCCURRED

(Rule 0250-7-13-.02, continued)

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

INFORMATION	CHILD'S BIRTH MOTHER	CHILD'S BIRTH FATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
PRESENT OCCUPATION: NAME/ADDRESS OF EMPLOYER		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S MOTHER	BIRTH MOTHER'S FATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		

(Rule 0250-7-13-.02, continued)

DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MOTHER	BIRTH FATHER'S FATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

(Rule 0250-7-13-.02, continued)

INFORMATION	BIRTH MOTHER'S MATERNAL GRANDMOTHER	BIRTH MOTHER'S MATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MATERNAL GRANDMOTHER	BIRTH FATHER'S MATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		

(Rule 0250-7-13-.02, continued)

TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S PATERNAL GRANDMOTHER	BIRTH MOTHER'S PATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S PATERNAL GRANDMOTHER	BIRTH FATHER'S PATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS		

(Rule 0250-7-13-.02, continued)

STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES ____ NO ____	YES ____ NO ____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

BIRTH MOTHER'S SIBLINGS

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		

(Rule 0250-7-13-.02, continued)

HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

BIRTH FATHER'S SIBLINGS

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

OTHER CHILDREN BORN TO THE BIRTH MOTHER

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		

(Rule 0250-7-13-.02, continued)

HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____

BACKGROUND INFORMATION FOR _____
(NAME OF CHILD)

OTHER CHILDREN BORN TO THE BIRTH FATHER

FULL LEGAL NAME		
RELATIONSHIP		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST GRADE COMPLETED, VOCATIONAL/ASSOC. COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE: BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		

(Rule 0250-7-13-.02, continued)

IF DECEASED DEATH	CAUSE OF		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES _____ NO _____	YES _____ NO _____	

USE ADDITIONAL PAGES, IF NEEDED, TO DESCRIBE OTHER CHILDREN BORN TO THE BIRTH MOTHER OR BIRTH FATHER

PRENATAL HISTORY:

MONTH PRENATAL CARE BEGAN _____

DURING THIS PREGNANCY DID YOU

- TAKE ANY MEDICATIONS? Yes () No ()
 - EXPERIENCE PHYSICAL COMPLICATIONS? Yes () No ()
 - HAVE ANY X-RAY, ELECTROCARDIOGRAM OR RADIATION EXPOSURE? Yes () No ()
- IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

DID YOU HAVE ANY OF THE FOLLOWING DURING THIS PREGNANCY?

- GERMAN MEASLES Yes () No () DATE _____
- VENEREAL DISEASE Yes () No () DATE _____
- VIRUS TYPE _____ Yes () No () DATE _____
- INFECTIONS TYPE _____ Yes () No () DATE _____

WERE YOU INVOLVED IN ANY ACCIDENTS DURING THIS PREGNANCY?

Yes () No ()

WERE YOU SEXUALLY OR PHYSICALLY ABUSED DURING THIS PREGNANCY? Yes () No ()

IF YES TO EITHER OF THESE QUESTIONS, PLEASE EXPLAIN: _____

DELIVERY HISTORY:

DURATION OF LABOR _____

TYPE OF DELIVERY _____

WERE THERE OTHER PREGNANCIES OF THE BIRTH MOTHER: Yes () No ()

IF YES, PLEASE DESCRIBE THE PREGNANCY AND HOW THE PREGNANCY ENDED (ABORTION, STILL BIRTH, MISCARRIAGES, ETC.)

MEDICAL HISTORY FOR _____

NAME OF BIRTH MOTHER () BIRTH FATHER ()

NAME OF CHILD: _____

PLEASE INDICATE BY A CHECK MARK (X) IF YOU OR ANY BIRTH RELATIVE LISTED ON PAGES 3 THROUGH 13 HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING MEDICAL PROBLEMS. EXPLAIN IN THE "COMMENTS" SECTION THE SPECIFICS OF THE ILLNESS, THE SEVERITY OF THE ILLNESS, AGE AT ONSET OF ILLNESS, TYPE OF TREATMENT AND OUTCOME.

MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)				
ALCOHOLISM				
ALLERGIES				
ARTHRITIS				
BONE DISEASE				

(Rule 0250-7-13-.02, continued)

CANCER				
CEREBRAL PALSY				
CLEFT PALATE				
CONGENITAL DEFECTS				
CORONARY (HEART) PROBLEMS				
CYSTIC FIBROSIS				
DEAFNESS				
MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
DIABETES				
EAR INFECTIONS				
ECZEMA				
EPILEPSY/ SEIZURES				
GONORRHEA/ SYPHILIS				
HAY FEVER/ ASTHMA				
HEARING PROBLEMS				
HEART PROBLEMS				
HEMOPHILIA				
HERPES				
HODGKIN'S				
HORMONE DISORDER				
HYPERTENSION				
KIDNEY DISEASE				
MENTAL ILLNESS				
MENTAL RETARDATION				
MIGRAINES				
MULTIPLE SCLEROSIS				
MUSCULAR DYSTROPHY				
NARCOTIC ADDICTION				

MEDICAL CONDITION	SELF		YES - OTHER RELATIVE (SPECIFY)	COMMENTS
	YES	NO		
OTHER PARALYSIS				
OTHER MEDICAL CONDITION: (SPECIFY)				
OTHER SUBSTANCE ABUSE				
RESPIRATORY DISEASE				
SPEECH PROBLEMS				
SICKLE-CELL ANEMIA				
STROKE				
VISUAL PROBLEMS				

SUBSTANCE USE HISTORY - BIRTH MOTHER

(Rule 0250-7-13-.02, continued)

TOBACCO:

DO YOU SMOKE? YES () NO ()

IF YES, DESCRIBE HOW MUCH YOU SMOKE: _____

DID YOU SMOKE DURING THIS PREGNANCY? YES () NO ()

IF YES, FREQUENCY OF HABIT: _____

ALCOHOL:

DO YOU DRINK ALCOHOL? YES () NO ()

DID YOU DRINK DURING THIS PREGNANCY? YES () NO ()

IF YES TO EITHER QUESTION, DESCRIBE YOUR DRINKING HABITS, (I.E.
FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE)

DRUGS:

HAVE YOU EVER USED DRUGS? YES () NO ()

IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USED, FREQUENCY OF USE, HISTORY OF DRUG USE INCLUDING
EXPERIMENTAL USE).

DID YOU USE DRUGS DURING THIS PREGNANCY? YES () NO ()

IF YES, DESCRIBE YOUR DRUG USE (INCLUDING PRESCRIPTION DRUGS) TYPE OF DRUG, FREQUENCY OF USE AND WHEN THE
DRUG WAS USED.

SUBSTANCE USE HISTORY - BIRTH FATHER**ALCOHOL:**

DO YOU DRINK ALCOHOL? YES () NO ()

IF YES, DESCRIBE YOUR DRINKING HABITS, (I.E., FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE).

DRUGS:

HAVE YOU EVER USED DRUGS? YES () NO ()

IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USE, FREQUENCY OF USE, HISTORY OF DRUG USE)

DESCRIBE SPECIFIC DRUGS AND TIME FRAMES OF YOUR USE OF EACH DRUG. (INCLUDE EXPERIMENTAL USE.)

(Rule 0250-7-13-.02, continued)

PSYCHIATRIC HISTORY: BIRTH MOTHER () BIRTH FATHER ()
HAVE YOU EVER RECEIVED PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT? YES () NO ()
HAVE YOU EVER TAKEN PSYCHIATRIC MEDICATION? YES () NO ()
IF YES TO EITHER QUESTION, DESCRIBE TREATMENT ISSUES, DIAGNOSIS, LENGTH OF TREATMENT AND LIST MEDICATIONS
USED DURING TREATMENT: _____

OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOURSELF, YOUR SOCIAL/MEDICAL HISTORY, YOUR BIRTH
RELATIVES OR ABOUT THE CIRCUMSTANCES IMPACTING YOUR DECISION TO PLACE YOUR CHILD FOR ADOPTION.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEETS.)

Birth/Legal Mother:

Birth/Legal Father:

Legal Guardian(s):

FURTHER AFFIANT SAITH NOT.

This ____ day of _____, 20____

Signature: _____
Parent or Legal Guardian

Sworn to and subscribed before me this ____ day of _____, 20____

NOTARY PUBLIC

(Rule 0250-7-13-.02, continued)

My Commission Expires: _____

OR

Please Print: _____

____ Chancellor ____ Circuit Judge ____ Juvenile Court Judge
 ____ Warden or ____ Judge or ____ Clerk of Court of Record In
 another State; or ____ U.S. Foreign Service Officers or
 ____ Officers of The United States Armed Forces
 Authorized to Administer Oaths

Signature: _____

When this form is being completed by DCS staff for pre-placement information purposes, and not as a part of the surrender process, the person completing the form should sign and date the form.

Signature: _____ County: _____ Date: _____

Authority: T.C.A. §§4-5-201, et seq., 36-1-111(k) and 36-117(g), Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.03 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A TENNESSEE LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN A TENNESSEE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court to a Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services in these matters, (TDCS). Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or LCPA. Copies of Part III should be given to the person executing the surrender and sent directly to the Department's Central Office by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

**FORMS FOR SURRENDER IN TENNESSEE OF A CHILD
 TO
 TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
 OR
 A LICENSED CHILD-PLACING AGENCY
 BY A PARENT OR GUARDIAN IN TENNESSEE**

PART I

(Rule 0250-7-13-.03, continued)

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:
2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____
3. This child was born in wedlock ☐ / out of wedlock ☐.
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
 - a.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

_____ and

 - b.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent or legal guardian.

_____ and

 - c.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or parent/legal guardian.

5. The identity is unknown for the other:
 - a. Legal parent Yes ☐ No ☐
 - b. Biological parent Yes ☐ No ☐
 - c. Legal guardian Yes ☐ No ☐
 - d. Not applicable Yes ☐ No ☐
6. The whereabouts is unknown for the other:
 - a. Legal parent Yes ☐ No ☐
 - b. Biological parent Yes ☐ No ☐
 - c. Legal guardian Yes ☐ No ☐

(Rule 0250-7-13-.03, continued)

- d. Not applicable Yes ☐ No ☐
7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the above-named legal or biological parent/legal guardian has been (____) or will be given (____) to the Tennessee Department of Children's Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.
8. Information Concerning Child's Native American Heritage:
- a. Are you or the child of Native American heritage? Yes ☐ No ☐
If no, go to # 9.
- b. If yes, are you eligible for tribal membership? Yes ☐ No ☐
- c. If yes, give name of tribe. _____
- d. Are you registered with a Native American tribe? Yes ☐ No ☐
- e. If yes, give name of tribe. _____
- f. Is your child eligible for tribal membership? Yes ☐ No ☐
- g. If yes, give name of tribe. _____
- h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
- i. If yes, give name of tribe. _____
- j. This information is unknown. Yes ☐ No ☐
9. a. Will this child be sent out of Tennessee to another state or country for adoption?
Yes ☐ No ☐ If no, go to #10
- b. If yes, name of state or country. _____
- c. If yes, I understand Tennessee law will govern the interpretation of this surrender.
10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
Yes ☐ No ☐
If no, go to #11.
If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11. a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value: _____

- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
If, yes please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value: _____

12. a. Do you currently have:
Only legal custody of the child? Yes ☐ No ☐
Only physical custody of the child? Yes ☐ No ☐
Both legal and physical custody of the child? Yes ☐ No ☐
- b. If another person(s) holds legal custody of the child at this time, give the following information:
Name: _____

(Rule 0250-7-13-.03, continued)

- Relationship, if any, to you or the child: _____
 Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
 Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
 Name: _____
 Relationship, if any, to you or the child: _____
 Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
 Telephone Number (Home) _____ (Work) _____
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
 Name of Agency: _____
 Street/Rural Route/P.O. Box: _____
 Town/City: _____ State: _____ Zip: _____
- f. Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children's Services?
 Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
 Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker concerning the decision to place this child for adoption? Yes ☐ No ☐
- c. Has such counseling been made available to you? Yes ☐ No ☐
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child?
 Yes ☐ No ☐
- c. Has such counseling been made available to you? Yes ☐ No ☐
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a REVOCATION OF SURRENDER before the judge who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) _____. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) _____. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) _____. Do you understand this? Yes ☐ No ☐
- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by other persons? Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____
 Legal Guardian _____ of _____

 Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

(Rule 0250-7-13-.03, continued)

Please Print:_____
Chancellor, Circuit Judge, or Juvenile Court Judge

of _____ County, Tennessee

Signature:_____
Chancellor, Circuit Judge, or Juvenile Court Judge**PART II****A. SURRENDER BY PARENT OR GUARDIAN TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR LICENSED CHILD-PLACING AGENCY****STATE OF TENNESSEE****COUNTY OF** _____

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by _____, a Licensed Child-Placing Agency, or _____ by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5.
 - a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____**
TO: (CHILD'S NAME)
 - a. Licensed Child-Placing Agency _____ (Name of LCPA)
 - b. _____ Tennessee Department of Children's Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature:
 Biological____, Legal____ Mother _____
 Biological____, Legal____ Father _____
 Legal Guardian _____

Sworn to and subscribed before me this the ____ day of _____, 20__.

Please Print: _____

____ Chancellor, Circuit Judge, or Juvenile Court Judge

of _____ County, Tennessee

(Rule 0250-7-13-.03, continued)

***See Note Below Before Signing**Signature: _____
 ___ Chancellor, ___ Circuit or ___ Juvenile Court Judge**NOTES TO THE COURT:**

1. Please see T.C.A. 36-1-110 and 36-1-111(b), (c), (d), and (e) for capacity to execute and receive surrenders and requirements for validity.
2. A separate medical/social history form for the child and the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Department of Children's Services. T.C.A. 36-1-111(n).
4. The surrender itself is not sufficient to vest custodial or guardianship authority with the Licensed Child-Placing Agency or the Department of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the above necessary requirements in Section B. and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent or legal guardian, the Court shall enter an Order of Full or Partial Guardianship for the Licensed Child-Placing Agency or the Tennessee Department of Children's Services. T.C.A. 36-1-111 (r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK:

1. Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the Licensed Child Placing Agency or the county office of Tennessee Department of Children's Services. Costs of the copies may be taxed to the LCPA or the Department. Certify these copies on the page following Part II. T.C.A § 36-1-111(p).
2. The originals of Parts I and II shall be entered on a special docket for Surrenders and shall be styled "In Re: _____" (Child's Name) and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. 36-1-111(p).
3. Within five (5) days of the execution of the surrender, a certified copy of Parts I, II and III shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. 36-1-111(p)(1), (2) and (4). Please provide certifications for these on the pages following Parts II and III.

PART II**B. ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY
OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES**STATE OF _____)
 COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I, _____, an authorized representative of:
 - a. Licensed Child-Placing Agency _____; or the
 - b. _____ County Tennessee Department of Children's Services accept the surrender of:
 - c. Name of Child _____ . DATE: _____

Please Print: _____
 Name and Title of Authorized RepresentativeSignature: _____
 Signature of Authorized Representative**SUBSECTIONS 2a.-2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THESE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:**

2. I _____ certify on behalf of:
 Licensed Child-Placing Agency _____ (Name of Agency); or the

(Rule 0250-7-13-.03, continued)

____ Tennessee Department of Children's Services:

- a. ____ That my agency has physical custody of this child; or
- b. ____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been presented to the court at this time; or
- c. ____ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
- d. ____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been presented to this court at this time.

SUBSECTIONS 3. AND 4. MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT.

3. Yes ☐ No ☐ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. ☐ Not Applicable

4. Yes ☐ No ☐ **(Licensed Child-Placing Agency Only)** I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for foster care. If the ICPC Form 100A is not available, explain why this is not required.

adoption or

☐ Not Applicable

FURTHER AFFIANT SAITH NOT.

This ____ day of _____, 20____.

Signature: _____

Authorized Representative of Licensed Child-Placing Agency or
 the Tennessee Department of Children's Services

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print: _____

____ Chancellor, ____ Circuit or ____ Juvenile Court Judge

of _____ County, Tennessee

Signature: _____

____ Chancellor, ____ Circuit or ____ Juvenile Court Judge

CERTIFICATION

I, _____, Clerk of the _____
 Court for _____ County, Tennessee hereby certify the foregoing copies of Parts I and II of the Surrender
 Forms to be true and accurate copies of the documents filed with the court.

 Clerk of the _____ Court of
 _____ County, Tennessee

(Seal)

**PART III
 CONTACT VETO REGISTRATION
 T.C.A. § 36-1-111(k)(3)**

STATE OF _____)
 COUNTY OF _____)

(Rule 0250-7-13-.03, continued)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290**

7. a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____,
Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
_____, _____,
(Town/City) (State) (Zip Code)
_____, _____,
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
Yes ☐ No ☐ If no, please share address to be used:

_____, _____,
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____,

(Rule 0250-7-13-.03, continued)

(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you?

Yes ☐ No ☐. If no, please share the address to be used:

(Street/Rural Route/P. O. Box) (Town/City) (State)

(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you? YES
- ☐
- NO
- ☐
- .

If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES ☐ NO ☐. If no, please list telephone number(s), if any, that might be shared and used to contact you.

(Work Telephone No.) (Home Telephone No.)

8. a. I wish to
- veto**
- contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
- ☐

- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

- c. I wish to exclude from the automatic contact veto the following:

- (1) My siblings: Yes ☐ No ☐
- (2) My lineal descendants: Yes ☐ No ☐
- (3) My lineal ancestors: Yes ☐ No ☐
- (4) The spouses of:
- (a) siblings Yes ☐ No ☐
- (b) lineal descendants Yes ☐ No ☐
- (c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]

- (1) Any future siblings of the adopted person. Yes ☐ No ☐
- (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
- (3) Future spouse of mine Yes ☐ No ☐
- (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

9. a. I give
- consent**
- for the child I am surrendering (adopted person) and
- ALL**
- other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.
- ☐

(Rule 0250-7-13-.03, continued)

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes ☐ No ☐
 (2) The adopted person's adoptive parents Yes ☐ No ☐
 (3) The adopted person's adoptive siblings Yes ☐ No ☐
 (4) The adopted person's lineal descendants Yes ☐ No ☐
 (5) The legal representatives of any of these persons Yes ☐ No ☐

c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____

Letters ☐ _____

Personal contact, unannounced ☐ _____

Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services

FURTHER, AFFIANT SAITH NOT.

This the _____ day of _____, 20____.

Signature: Biological ___ Legal ___ Mother _____
 Biological ___ Legal ___ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

Please Print:

 __Chancellor, __Circuit Judge, __Juvenile Court Judge of
 _____ County, Tennessee

Signature: _____

Chancellor, Circuit Judge, Juvenile Court Judge

CERTIFICATION

I, _____, Clerk of the _____ Court of _____
 County, Tennessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this
 Court.

(Rule 0250-7-13-.03, continued)

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)

PART IV**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN****STATE OF TENNESSEE****COUNTY OF** _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
 - a. Prospective Adoptive Parent(s) _____
 - b. Licensed Child-Placing Agency _____
 - c. Tennessee Department of Children's Services _____
4. The surrender was executed before: _____
(Name of Judge and Name of Court)
5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

This Revocation of Surrender was received by me on the ____ day of _____, 20__.

Please Print:

____Chancellor, ____Circuit Judge, or ____Juvenile Court Judge
 of _____ County, Tennessee

Signature (See notes below):

____Chancellor, ____Circuit Judge, or ____Juvenile Court Judge

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).

(Rule 0250-7-13-.03, continued)

2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
Central Office
Adoption Services
436 6th Avenue North
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court.

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125(a), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.04 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS IN A TENNESSEE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court directly to prospective adoptive parents. Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.

(Rule 0250-7-13-.04, continued)

- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

**FORMS FOR SURRENDER OF CHILD IN TENNESSEE
DIRECTLY TO
ADOPTIVE PARENTS
BY A PARENT OR GUARDIAN**

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:
2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____
3. This child was born in wedlock ☐ / out of wedlock ☐.
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
 - a.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

_____ and
 - b.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

_____ and
 - c.
 - (1) Name: _____

(Rule 0250-7-13-.04, continued)

- (2) Relationship to the child: _____
 (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

5. The identity is unknown for the other:

- a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐

6. The whereabouts is unknown for the other:

- a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐

7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been() or will be given() to the prospective adoptive parents to whom the above child is being surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.

8. Information Concerning Child's Native American Heritage:

- a. Are you or the child of Native American heritage? Yes ☐ No ☐
 If no, go to # 9.
 b. If yes, are you eligible for tribal membership? Yes ☐ No ☐
 c. If yes, give name of tribe. _____
 d. Are you registered with a Native American tribe? Yes ☐ No ☐
 e. If yes, give name of tribe. _____
 f. Is your child eligible for tribal membership? Yes ☐ No ☐
 g. If yes, give name of tribe. _____
 h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
 i. If yes, give name of tribe. _____
 j. This information is unknown. Yes ☐ No ☐

9. a. Will this child be sent out of Tennessee to another state or country for adoption?

Yes ☐ No ☐ If no, go to #10.

b. If yes, name of state or country.

c. If yes, Tennessee law will govern the interpretation of this surrender.

10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?

Yes ☐ No ☐

If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11 a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value: _____

(Rule 0250-7-13-.04, continued)

- _____
- _____
- _____
- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12. a. Do you currently have:
Only legal custody of the child? Yes ☐ No ☐
Only physical custody of the child? Yes ☐ No ☐
Both legal and physical custody of the child? Yes ☐ No ☐
- b. If another person(s) holds legal custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
Name of Agency: _____
Street/Rural Route/P.O. Box: _____
Town/City: _____ State: _____ Zip: _____
- f. Do you intend to give custody to the prospective adoptive parents? Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____

13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker concerning the decision to place this child for adoption? Yes ☐ No ☐
- c. Have you requested the prospective adoptive parents to provide such counseling for you?
Yes ☐ No ☐ If not, go to #14.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
Yes ☐ No ☐
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes ☐ No ☐
- c. Have you requested the prospective adoptive parents to provide such counseling for you?
Yes ☐ No ☐ If not, go to #15.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
Yes ☐ No ☐
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a REVOCATION OF SURRENDER before the judge who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) _____. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) _____. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) _____. Do you understand this? Yes ☐ No ☐

(Rule 0250-7-13-.04, continued)

- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____
 Legal Guardian of _____ of _____

Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print:_____
____Chancellor, __Circuit Judge, or __Juvenile Court Judge
of _____ County, Tennessee**Signature:**_____
Chancellor, Circuit Judge, or Juvenile Court Judge**PART II****A. SURRENDER BY PARENT OR GUARDIAN DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS**

STATE OF TENNESSEE)
 COUNTY OF _____)

Being duly sworn affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by _____[Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5.
 - a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____**
 (CHILD'S NAME)

(Rule 0250-7-13-.04, continued)

TO:

- a. Prospective Adoptive Mother _____
 b. Prospective Adoptive Father _____

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20 ____.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian _____

Sworn to and subscribed before me this the ____ day of _____, 20 ____.

Please Print: _____
 ____Chancellor, ____Circuit or ____Juvenile Court Judge of
 _____County, Tennessee

Signature: _____
 Chancellor, Circuit or Juvenile Court Judge

See Note Below Before Signing*NOTES TO COURT:**

1. Please see T.C.A. § 36-1-110 and 36-1-111(b), (c), (d), and (e) for capacity to execute and receive surrenders and requirements for validity.
2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k)(m) and (o).
4. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111 (r)(2). Upon satisfactory completion of the above necessary requirements and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent(s) or legal guardian, the Court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).
5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK:

1. Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the prospective adoptive parents. Costs of the copies may be taxed to the prospective adoptive parents. Certify these copies on the page following Part II. T. C. A. § 36-1-111(p).
2. The original shall be entered on a special docket for Surrenders and shall be styled "In Re: _____
 _____" (Child's Name) and shall be permanently filed by the court in a report file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. § 36-1-111(p).
3. Within five (5) days of the execution of the surrender, a certified copy of Parts I, II, and III shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1),(2) and (4). T. C. A. § 36-1-111(p). Please provide certifications on the pages following Parts II and III.

PART II**B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS**

STATE OF TENNESSEE)
 COUNTY OF _____)

Being duly sworn, affiant(s) would state:

1. a. I am _____, Prospective Adoptive Mother.
 b. Prospective Adoptive Mother's Date of Birth _____

(Rule 0250-7-13-.04, continued)

- c. Prospective Adoptive Mother's Marital Status _____
 d. Prospective Adoptive Mother's Address _____
2. a. I am _____, Prospective Adoptive Father.
 b. Prospective Adoptive Father's Date of Birth _____
 c. Prospective Adoptive Father's Marital Status _____
 d. Prospective Adoptive Father's Address _____
3. _____ agree to assume responsibility for obtaining guardianship of
 (I/We)
 _____ through court order within thirty (30) days of the date of this
 (Name of Child)

surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

4. The following costs have been paid by _____ for activities involving the placement of this child.
 (me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:

5. a. _____ I/We have physical custody of this child; or
 b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court at this time; or
 c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
 d. _____ Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT:

6. Yes ☐ No ☐ I/We have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7. Yes ☐ No ☐ I/We have attached the certificate of the completion of () legal/() social counseling if counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I above. ☐ Not Applicable.

(Rule 0250-7-13-.04, continued)

8. Yes ☐ No ☐ If the child has been brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
☐ Not Applicable.

9. Yes ☐ No ☐ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
☐ Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

10. Yes ☐ No ☐ a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact on the Placement of Children. ☐ Not Applicable.

b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20__.

Signature of Prospective Adoptive Mother_____
Signature of Prospective Adoptive Father

Sworn to and subscribed before me this ____ day of _____, 20__.

Please Print:_____
__Chancellor, __Circuit Judge, or __Juvenile Court Judge

of _____ County, Tennessee

Signature:_____
__Chancellor, __Circuit Judge, or __Juvenile Court Judge**CERTIFICATION**

I, _____, Clerk of the _____
 Court for _____ County, Tennessee hereby certify the foregoing copies of Parts I and II of the Surrender
 Forms to be true and accurate copies of the documents filed with the court.

 Clerk of the _____ Court of
 _____ County, Tennessee

(Seal)

PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)

STATE OF _____)
 COUNTY OF _____)

Being duly sworn according to law affiant would state:

(Rule 0250-7-13-.04, continued)

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290**

7.
 - a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____
 Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
 _____, _____, _____
 (Town/City) (State) (Zip Code)
 _____, _____
 (Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes ☐ No ☐ If no, please share address to be used:

_____, _____, _____
 (Street/Rural Route/P. O. Box) (Town/City) (State)
 _____, _____, _____
 (Zip Code) (Work Telephone) (Home Telephone)

(Rule 0250-7-13-.04, continued)

- c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐. If no, please share the address to be used:

_____, _____, _____
 (Street/Rural Route/P. O. Box) (Town/City) (State)
 _____, _____, _____
 (Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
 YES ☐ NO ☐. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES ☐ NO ☐. If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____
 (Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- (1) My siblings: Yes ☐ No ☐
- (2) My lineal descendants: Yes ☐ No ☐
- (3) My lineal ancestors: Yes ☐ No ☐
- (4) The spouses of:
- (a) siblings Yes ☐ No ☐
- (b) lineal descendants Yes ☐ No ☐
- (c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐
- (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
- (3) Future spouse of mine Yes ☐ No ☐
- (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐

(Rule 0250-7-13-.04, continued)

b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- | | | |
|---|------------------------------|-----------------------------|
| (1) The adopted person | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) The adopted person's adoptive parents | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) The adopted person's adoptive siblings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) The adopted person's lineal descendants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (5) The legal representatives of any of these persons | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____

Letters ☐ _____

Personal contact, unannounced ☐ _____

Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐

Personal contact through another person ☐ Please give name, relationship to you, if any, and information to be released regarding how to contact: _____

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER, AFFIANT SAITH NOT.

This the _____ day of _____, 20____.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

Please Print:

 __Chancellor, __Circuit Judge, __Juvenile Court Judge of
 _____ County, Tennessee

Signature: _____
 Chancellor, Circuit Judge, Juvenile Court Judge

CERTIFICATION

I, _____, Clerk of the _____ Court of _____
 County, Tennessee, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

(Rule 0250-7-13-.04, continued)

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)

PART IV**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN****STATE OF TENNESSEE****COUNTY OF** _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
 - a. Prospective Adoptive Parent(s) _____
 - b. Licensed Child-Placing Agency _____
 - c. Tennessee Department of Children's Services _____.
4. The surrender was executed before: _____
(Name of Judge and Name of Court)
5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

This Revocation of Surrender was received by me on the ____ day of _____, 20__.

Please Print:

____ Chancellor, ____ Circuit Judge, or ____ Juvenile Court Judge
 of _____ County, Tennessee

Signature (See notes below):_____
Chancellor, Circuit Judge, or Juvenile Court Judge**NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:**

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).

(Rule 0250-7-13-.04, continued)

2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
Central Office
Adoption Services
436 6th Avenue North
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, _____, Clerk of the _____ Court of _____
County, Tennessee, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court.

Clerk of the _____ Court of _____
County, Tennessee

(Seal)

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.05 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN COURT IN ANOTHER STATE OR TERRITORY.

- (1) The following form is composed of four parts (4) making a complete package which must be used at the time of surrender of child for adoption in a court in another state or territory to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS), or its successor agency in these matters. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the court out of state for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or the LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the

(Rule 0250-7-13-.05, continued)

Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.

- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

**FORM FOR SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY TO THE
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY**

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court of Record or Clerk of Court of Record in the State or Territory where executed prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF _____
COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. This child was born in wedlock ☐ / out of wedlock ☐.
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
 - a.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

_____ and
 - b.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

_____ and
 - c.
 - (1) Name: _____
 - (2) Relationship to the child: _____

(Rule 0250-7-13-.05, continued)

- (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

5. The identity is unknown for the other:
 a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐
6. The whereabouts is unknown for the other:
 a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐
7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the above-named legal or biological parent/legal guardian has been() or will be given() to the Tennessee Department of Children's Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.
8. Information Concerning Child's Native American Heritage:
 a. Are you or the child of Native American heritage? Yes ☐ No ☐
 If no, go to # 9.
 b. If yes, are you eligible for tribal membership? Yes ☐ No ☐
 c. If yes, give name of tribe. _____
 d. Are you registered with a Native American tribe? Yes ☐ No ☐
 e. If yes, give name of tribe. _____
 f. Is your child eligible for tribal membership? Yes ☐ No ☐
 g. If yes, give name of tribe. _____
 h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
 i. If yes, give name of tribe. _____
 j. This information is unknown. Yes ☐ No ☐
9. a. Will this child be sent out of Tennessee to another state or country for adoption?
 Yes ☐ No ☐ If no, go to #10.
 b. If yes, name of state or country. _____
 c. If yes, I understand Tennessee law will govern the interpretation of this surrender.
10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption? Yes ☐ No ☐
 If no, go to #11.
 If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11. a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value: _____

(Rule 0250-7-13-.05, continued)

- _____
- _____
- _____
- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12. a. Do you currently have:
Only legal custody of the child? Yes ☐ No ☐
Only physical custody of the child? Yes ☐ No ☐
Both legal and physical custody of the child? Yes ☐ No ☐
- b. If another person(s) holds legal custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
Name of Agency: _____
Street/Rural Route/P.O. Box: _____
Town/City: _____ State: _____ Zip: _____
- f. Do you intend to give custody to the licensed child placing agency or the Department of Children's Services?
Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____

13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption?
Yes ☐ No ☐
- c. Has such counseling been made available to you? Yes ☐ No ☐
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes ☐ No ☐
- c. Has such counseling been made available to you? Yes ☐ No ☐
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a REVOCATION OF SURRENDER before the judge or clerk who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) _____. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) _____. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) _____. Do you understand this? Yes ☐ No ☐
- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child,

(Rule 0250-7-13-.05, continued)

and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes ☐ No ☐

17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by other persons? Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____
 Legal Guardian of _____ of

 Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print:

 __Chancellor, __Judge, of a Court of Record of the
 _____ Court of _____,
 County or Parish, of _____,
 (State or Territory)

 (City)

Signature: _____
 Chancellor Or Judge Of Court Of Record Named Above

OR BY A CLERK OF A COURT OF RECORD:

Please Print:

 Name of Clerk of Court of Record of The _____
 Court of _____, Count or Parish of _____
 _____,
 (State or Territory) (City)

Signature: _____
 Clerk of Court of Record

PART II

A. SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR TENNESSEE LICENSED CHILD PLACING AGENCY

STATE OF _____
 COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____

(Rule 0250-7-13-.05, continued)

3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by _____, a Licensed Child-Placing Agency, or _____ by the Tennessee Department of Children's Services, and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
- b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____
(CHILD'S NAME)

TO:

- a. Licensed Child-Placing Agency _____ (Name of LCPA)
- b. _____ Tennessee Department of Children's Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____, Legal____ Mother _____
 Biological____, Legal____ Father _____
 Legal Guardian _____

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print: _____
 _____ Chancellor, _____ Judge, of a Court of Record
 _____ Court of _____ County or
 Parish, of _____ at
 (State Or Territory)

 (City)

***See Notes Below Before Signing**

Signature: _____
 Chancellor or Judge of Court of Record Named Above

OR BY A CLERK OF A COURT OF RECORD:**Please Print:** _____

Name of Clerk of Court of Record of The _____

Court of _____, County or

Parish of _____,
 (State or Territory) (City)

Signature: _____
 Clerk of Court of Record

See Notes Below Before Signing*NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:**

1. A minor may complete the surrender to any person eighteen (18) years of age or older. T. C. A. § 36-1-110.
2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111-(k).

(Rule 0250-7-13-.05, continued)

3. When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-111(n).
4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I, and II on the page following Part II. Costs and copies may be taxed only to the licensed child-placing agency or to the Tennessee Department of Children's Services which receives the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Parts I and II of the surrender form received pursuant to T.C.A. § 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. § 36-1-111(n).
3. The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A., by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(6)(c). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

1. The copies of the surrender filed by the licensed child-placing agency or the Tennessee Department of Children's Services shall be entered in a special docket for surrenders and shall be styled "In Re _____" and shall be
(Child's Name)
permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4). Please certify the copies following the certifications by the out-of-state clerk.

PART II**B. ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY**

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I, _____, an authorized representative of:
 - a. Licensed Child-Placing Agency _____; or the
 - b. _____ County Tennessee Department of Children's Services upon execution of Parts I and IIA. by the parent or guardian named therein before Judge or Clerk of the Court named therein, accept the surrender of:
 - c. Name of Child _____ DATE: _____

Please Print: _____

(Rule 0250-7-13-.05, continued)

Name and Title of Authorized Representative

Signature: _____

Signature of Authorized Representative

SUBSECTIONS 2a.-2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:

2. I _____ certify on behalf of:
 Licensed Child-Placing Agency _____ (Name of Agency);
 or the
 _____ Tennessee Department of Children's Services;
- a. _____ That my agency has physical custody of this child; or
 b. _____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or
 c. _____ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or
 d. _____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached to the acceptance at this time.

SUBSECTIONS 3. AND 4. MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT.

3. Yes ☐ No ☐ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. ☐ Not Applicable
4. Yes ☐ No ☐ (**Licensed Child-Placing Agency Only**) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.

☐ Not Applicable

FURTHER AFFIANT SAITH NOT.

This ____ day of _____, 20__.

Please Print: _____

Name and title of authorized representative of Tennessee Department of Children's Services
 or Tennessee Licensed Child-Placing Agency

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

 NOTARY PUBLIC

My commission expires: _____.

CERTIFICATION OF OUT-OF STATE CLERK

I, _____, Clerk of the _____ Court of
 _____ County (Parish) _____ (Name of State)
 hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with the court.

 Clerk of the _____ Court of

(Rule 0250-7-13-.05, continued)

_____ County (Parish),
_____.

(Seal)

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the _____ Court of
_____ County, Tennessee.

(Seal)

PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

(Rule 0250-7-13-.05, continued)

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290**

7. a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____,
Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
_____, _____,
(Town/City) (State) (Zip Code)
_____, _____,
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
Yes ☐ No ☐ If no, please share address to be used:

_____, _____,
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____,
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you?
Yes ☐ No ☐ If no, please share the address to be used:

_____, _____,
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____,
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
YES ☐ NO ☐ If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES ☐ NO ☐ If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____,
(Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐

- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

- c. I wish to exclude from the automatic contact veto the following:

- (1) My siblings: Yes ☐ No ☐
(2) My lineal descendants: Yes ☐ No ☐
(3) My lineal ancestors: Yes ☐ No ☐
(4) The spouses of:
(a) siblings Yes ☐ No ☐
(b) lineal descendants Yes ☐ No ☐
(c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

(Rule 0250-7-13-.05, continued)

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐.
- (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
- (3) Future spouse of mine Yes ☐ No ☐
- (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐

- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes ☐ No ☐
- (2) The adopted person's adoptive parents Yes ☐ No ☐
- (3) The adopted person's adoptive siblings Yes ☐ No ☐
- (4) The adopted person's lineal descendants Yes ☐ No ☐
- (5) The legal representatives of any of these persons Yes ☐ No ☐

- c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____

Letters ☐ _____

Personal contact, unannounced ☐ _____

Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

(Rule 0250-7-13-.05, continued)

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services

FURTHER AFFIANT SAITH NOT.

This the _____ day of _____, 20____.

Signature: Biological _____ Legal _____ Mother _____
 Biological _____ Legal _____ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

Please Print: _____
 _____ Chancellor, _____ Judge, or _____ Clerk of the
 _____ Court of

 County or Parish, of

 (STATE OR TERRITORY)
 at _____
 (CITY)

Signature: _____
 Chancellor, Judge or Clerk of Court of Record Named Above

CERTIFICATION

I, _____, Clerk of the _____ Court of _____
 County, State of _____, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document
 executed before this Court.

 Clerk of the _____ Court of
 _____ County,
 State of _____

(Seal)

PART IV**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN**

STATE OF _____
COUNTY OF _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:

(Rule 0250-7-13-.05, continued)

- a. Prospective Adoptive Parent(s) _____
 - b. Licensed Child-Placing Agency _____
 - c. Tennessee Department of Children's Services _____
4. The surrender was executed before: _____
(Name of Judge or Clerk and Name of Court)
5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

This Revocation of Surrender was received by me on the ____ day of _____, 20__.

Please Print:

____ Chancellor, ____ Judge, or ____ Clerk of Court of Record
 of _____ County, State of _____

Signature (See notes below): _____
 Chancellor, Judge, or Clerk of Court of Record

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
 Central Office
 Adoption Services
 436 6th Avenue North
 Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-1-112(c)(2)(B).

(Rule 0250-7-13-.05, continued)

CERTIFICATION

I, _____, Clerk of the _____ Court of _____ County, State of _____, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court.

Clerk of the _____ Court of _____
County,
State of _____

(Seal)

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.06 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS IN A COURT IN ANOTHER STATE OR TERRITORY.

- (1) The following form is composed of four parts (4) making a complete package which must be used at the time of surrender of child for adoption in a court in another state or territory directly to prospective adoptive parents. Parts I and II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the court out of state for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORMS FOR SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I**PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court of Record or Clerk of Court of Record in another State or Territory where executed prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF _____)
COUNTY OF _____)

(Rule 0250-7-13-.06, continued)

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:

2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____

3. This child was born in wedlock ☐ / out of wedlock ☐.

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
 - a. (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____
 - _____ and
 - b. (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____
 - _____ and
 - c. (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____
 - _____

5. The identity is unknown for the other:
 - a. Legal parent Yes ☐ No ☐
 - b. Biological parent Yes ☐ No ☐
 - c. Legal guardian Yes ☐ No ☐
 - d. Not applicable Yes ☐ No ☐

6. The whereabouts is unknown for the other:
 - a. Legal parent Yes ☐ No ☐
 - b. Biological parent Yes ☐ No ☐
 - c. Legal guardian Yes ☐ No ☐
 - d. Not applicable Yes ☐ No ☐

7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been() or will be given() to the prospective adoptive parents to whom the above child is being surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.

8. Information Concerning Child's Native American Heritage:
 - a. Are you or the child of Native American heritage? Yes ☐ No ☐
If no, go to # 9.
 - b. If yes, are you eligible for tribal membership? Yes ☐ No ☐

(Rule 0250-7-13-.06, continued)

- c. If yes, give name of tribe. _____
- d. Are you registered with a Native American tribe? Yes ☐ No ☐
- e. If yes, give name of tribe. _____
- f. Is your child eligible for tribal membership? Yes ☐ No ☐
- g. If yes, give name of tribe. _____
- h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
- i. If yes, give name of tribe. _____
- j. This information is unknown. Yes ☐ No ☐
9. a. Will this child be sent out of Tennessee to another state or country for adoption?
Yes ☐ No ☐ If no, go to #10.
- b. If yes, name of state or country.

- c. If yes, Tennessee law will govern the interpretation of this surrender.
10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
Yes ☐ No ☐
If no, go to #11.
If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11. a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value: _____

- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value: _____

12. a. Do you currently have:
Only legal custody of the child? Yes ☐ No ☐
Only physical custody of the child? Yes ☐ No ☐
Both legal and physical custody of the child? Yes ☐ No ☐
- b. If another person(s) holds legal custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____

(Rule 0250-7-13-.06, continued)

- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Tennessee Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
 Name of Agency: _____
 Street/Rural Route/P.O. Box: _____
 Town/City: _____ State: _____ Zip: _____
- f. Do you intend to give custody to the prospective adoptive parents? Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
 Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption?
 Yes ☐ No ☐
- c. Have you requested the prospective adoptive parents to provide such counseling for you?
 Yes ☐ No ☐ If not, go to #14.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
 Yes ☐ No ☐
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes ☐ No ☐
- c. Have you requested the prospective adoptive parents to provide such counseling for you?
 Yes ☐ No ☐ If not, go to #15.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
 Yes ☐ No ☐
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a **REVOCATION OF SURRENDER** before the judge or clerk who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) _____. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) _____. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) _____. Do you understand this?
 Yes ☐ No ☐
- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____
 Legal Guardian of _____ of

 Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print:

 _____Chancellor, _____Judge, of a Court of Record of the
 _____ Court of _____,
 County or Parish, of _____,
 (State or Territory)
 _____.

(Rule 0250-7-13-.06, continued)

(City)

Signature: _____

Chancellor Or Judge Of Court Of Record Named Above

OR BY A CLERK OF A COURT OF RECORD:**Please Print:** _____

Name Of Clerk Of Court Of Record Of The _____

Court Of _____, County Or

Parish Of _____,

(State Or Territory)

(City)

Signature: _____

Clerk Of Court Of Record

PART II**A. SURRENDER OF CHILD BY PARENT OR GUARDIAN IN ANOTHER STATE
OR TERRITORY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS**STATE OF TENNESSEE)
COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by _____ [Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5.
 - a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____**
(CHILD'S NAME)

TO:

- a. Prospective Adoptive Mother _____
- b. Prospective Adoptive Father _____

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature:

Biological _____	Legal _____	Mother _____
Biological _____	Legal _____	Father _____
Legal Guardian _____		

Sworn to and subscribed before me this the ____ day of _____, 20__.

(Rule 0250-7-13-.06, continued)

Please Print: _____

____ Chancellor, ____ Judge, of Court of Record of
 _____ Court of _____ County or
 Parish, of _____ at
 (State Or Territory)

(City)**Signature:** _____

Chancellor or Judge of Court of Record Named Above

See Notes Below Before Signing*OR BY A CLERK OF A COURT OF RECORD:****Please Print:** _____

Name Of Clerk Of Court Of Record Of The _____
 Court Of _____, County Or
 Parish Of _____
 (State Or Territory) (City)

Signature: _____

Clerk Of Court Of Record

***See Notes Below
Before Signing****NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:**

1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. 36-1-111(k).
3. When applicable, as noted above., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T. C. A. 36-1-111(k), (m) and (o).
4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify the copies of Parts I and II on the page following Part II. Costs of copies may be taxed only to the prospective adoptive parents who receive the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court where the child or the prospective adoptive parent(s) within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. 36-1-111(q)(1).
2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o).
3. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. 36-1-111 (r)(2). Upon satisfactory completion of the necessary requirements in Section B. and execution of Parts I and II A. by the parent(s) or legal guardian, the court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. 36-1-111(u).
4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE:

(Rule 0250-7-13-.06, continued)

1. The copies of the surrender filed by the prospective adoptive parent(s) shall be entered in a special docket for surrenders and shall be styled "In Re _____" (Child's Name) and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (a).
2. Within five (5) days of the filing of the surrender in Tennessee, certified copies of Parts I and II of the surrender shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and 4. Please Certify the copies following the certification by the out-of-state clerk.

PART II**B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS**

STATE OF _____)
 COUNTY OF _____)

Being duly sworn according to law, affiant(s) would state:

1. a. I am _____, Prospective Adoptive Mother.
 b. Prospective Adoptive Mother's Date of Birth _____
 c. Prospective Adoptive Mother's Marital Status _____
 d. Prospective Adoptive Mother's Address _____
2. a. I am _____, Prospective Adoptive Father.
 b. Prospective Adoptive Father's Date of Birth _____
 c. Prospective Adoptive Father's Marital Status _____
 d. Prospective Adoptive Father's Address _____
3. Upon execution of Parts I and IIA. by the parent or guardian named therein before a Judge or Clerk of a Court of Record in the State or Territory where the surrender is accepted _____ agree to assume responsibility for obtaining guardianship of _____ (I/We) _____ through court order within thirty (30) days of the date of this surrender
 (Name of Child)
 [See, T.C.A. 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.
4. The following costs have been paid by _____ for activities involving the placement of this child.
 (me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

(Rule 0250-7-13-.06, continued)

SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK:

5. a. _____ I/We have physical custody of this child; or
- b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
- c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached to the acceptance at this time; or
- d. _____ Another person or agency currently has physical control of the child. I/We have attached to the acceptance, the affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 MUST BE ANSWERED “YES” OR MUST BE MARKED “NOT APPLICABLE” BEFORE THE SURRENDER IS COMPLETED BY THE COURT OR CLERK:

6. Yes ☐ No ☐ I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children’s Services.
7. Yes ☐ No ☐ I/We have attached the the certificate of the completion of ()legal/()social counseling if counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I. ☐Not Applicable.
8. Yes ☐ No ☐ If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
☐Not Applicable.
9. Yes ☐ No ☐ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child’s Native American heritage, there has been compliance with the Act.
☐Not Applicable.

SUBSECTION 10 MUST BE ANSWERED “YES”, OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

10. Yes ☐ No ☐ a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. ☐Not Applicable.
- b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20____.

Signature of Prospective Adoptive Mother

Signature of Prospective Adoptive Father

Sworn to and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:_____.

CERTIFICATION OF OUT-OF STATE CLERK

I, _____, Clerk of the _____ Court of
_____ County (Parish) _____ (Name of State)

(Rule 0250-7-13-.06, continued)

hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with the court.

Clerk of the _____ Court of

County (Parish),
_____.

(Seal)

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of

County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true
and accurate copies of the documents filed with this Court.

Clerk of the _____ Court of

County, Tennessee.

(Seal)

PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be

(Rule 0250-7-13-.06, continued)

contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290**

7. a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____,
Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
_____, _____,
(Town/City) (State) (Zip Code)
_____, _____,
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
Yes ☐ No ☐ If no, please share address to be used:

_____, _____, _____,
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____, _____,
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐. If no, please share the address to be used:

_____, _____, _____,
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____, _____,
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
YES ☐ NO ☐. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES ☐ NO ☐.
If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____,
(Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐

- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.

- c. I wish to exclude from the automatic contact veto the following:

(1) My siblings: Yes ☐ No ☐
(2) My lineal descendants: Yes ☐ No ☐
(3) My lineal ancestors: Yes ☐ No ☐
(4) The spouses of:
(a) siblings Yes ☐ No ☐
(b) lineal descendants Yes ☐ No ☐
(c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

(Rule 0250-7-13-.06, continued)

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐.
- (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
- (3) Future spouse of mine Yes ☐ No ☐
- (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐

- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes ☐ No ☐
- (2) The adopted person's adoptive parents Yes ☐ No ☐
- (3) The adopted person's adoptive siblings Yes ☐ No ☐
- (4) The adopted person's lineal descendants Yes ☐ No ☐
- (5) The legal representatives of any of these persons Yes ☐ No ☐

- c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____Letters ☐ _____Personal contact, unannounced ☐ _____Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐Personal contact through another person ☐ Please give name, relationship to you, if any, and information to be released regarding how to contact: _____

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided):

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

(Rule 0250-7-13-.06, continued)

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services

FURTHER AFFIANT SAITH NOT.

This the _____ day of _____, 20____.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

Please Print: _____
 ____ Chancellor, ____ Judge, or ____ Clerk of the
 _____ Court of _____
 County or Parish, of _____
 (STATE OR TERRITORY)
 at _____
 (CITY)

Signature: _____
 Chancellor, Judge or Clerk of Court of Record Named Above

CERTIFICATION

I, _____, Clerk of the _____ Court of
 _____ County, State of _____, certify the foregoing copy of Part III of the Surrender Forms to be a true
 and accurate copy of the document executed before this Court.

 Clerk of the _____ Court of
 State of _____

(Seal)

PART IV**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN**

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
 - a. Prospective Adoptive Parent(s) _____
 - b. Licensed Child-Placing Agency _____
 - c. Tennessee Department of Children's Services _____
4. The surrender was executed before: _____

(Rule 0250-7-13-.06, continued)

(Name of Judge or Clerk and Name of Court)

5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

This Revocation of Surrender was received by me on the ____ day of _____, 20__.

Please Print:

____ Chancellor, ____ Judge, or ____ Clerk of Court of Record
 of _____ County, State of _____

Signature (See notes below):_____
Chancellor, Judge, or Clerk of Court of Record**NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:**

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
 Central Office
 Adoption Services
 436 6th Avenue North
 Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-1-112(c)(2)(B).

CERTIFICATION

(Rule 0250-7-13-.06, continued)

I, _____, Clerk of the _____ Court of _____ County, State of _____, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before this Court.

Clerk of the _____ Court of _____
County,
State of _____

(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.07 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BEFORE UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS) before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to Department or LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

**FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A
FOREIGN COUNTRY
TO
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
OR
A LICENSED CHILD-PLACING AGENCY**

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

(Rule 0250-7-13-.07, continued)

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

COUNTRY OF _____)
CITY OR OTHER LOCATION _____)

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:
2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____
3. This child was born in wedlock ☐ / out of wedlock ☐.
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
 - a.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological _____ parent/legal guardian.
 _____ and

 - b.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological _____ parent/legal guardian.
 _____ and

 - c.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological _____ parent/legal guardian.

5. The identity is unknown for the other:
 - a. Legal parent Yes ☐ No ☐
 - b. Biological parent Yes ☐ No ☐
 - c. Legal guardian Yes ☐ No ☐
 - d. Not applicable Yes ☐ No ☐
6. The whereabouts is unknown for the other:
 - a. Legal parent Yes ☐ No ☐
 - b. Biological parent Yes ☐ No ☐
 - c. Legal guardian Yes ☐ No ☐
 - d. Not applicable Yes ☐ No ☐

(Rule 0250-7-13-.07, continued)

7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the above-named legal or biological parent/legal guardian has been() or will be given() to the Tennessee Department of Children's Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.

8. Information Concerning Child's Native American Heritage:

- a. Are you or the child of Native American heritage? Yes ☐ No ☐
If no, go to # 9.
- b. If yes, are you eligible for tribal membership? Yes ☐ No ☐
- c. If yes, give name of tribe. _____
- d. Are you registered with a Native American tribe? Yes ☐ No ☐
- e. If yes, give name of tribe. _____
- f. Is your child eligible for tribal membership? Yes ☐ No ☐
- g. If yes, give name of tribe. _____
- h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
- i. If yes, give name of tribe. _____
- j. This information is unknown. Yes ☐ No ☐

9. a. Will this child be sent out of Tennessee to another state or country for adoption?

Yes ☐ No ☐ If no, go to #10.

b. If yes, name of state or country.

c. If yes, I understand Tennessee law will govern the interpretation of this surrender.

10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?

Yes ☐ No ☐

If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11. a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value:

- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐

If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12. a. Do you currently have:

Only legal custody of the child? Yes ☐ No ☐

Only physical custody of the child? Yes ☐ No ☐

Both legal and physical custody of the child? Yes ☐ No ☐

- b. If another person(s) holds legal custody of the child at this time, give the following information:

Name: _____

Relationship, if any, to you or the child: _____

(Rule 0250-7-13-.07, continued)

- Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
- Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
 Name: _____
 Relationship, if any, to you or the child: _____
 Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
- Telephone Number (Home) _____ (Work) _____
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
 Name of Agency: _____
 Street/Rural Route/P.O. Box: _____
 Town/City: _____ State: _____ Zip: _____
- f. Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children's Services?
 Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
 Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social service agency or licensed counselor concerning the decision to place this child for adoption?
 Yes ☐ No ☐
- c. Has such counseling been made available to you? Yes ☐ No ☐
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child?
 Yes ☐ No ☐
- c. Has such counseling been made available to you? Yes ☐ No ☐
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a **REVOCATION OF SURRENDER** before the officer who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) _____. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) _____. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) _____. Do you understand this?
 Yes ☐ No ☐
- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by other persons? Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____
 Legal Guardian of _____ of

 Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

(Rule 0250-7-13-.07, continued)

Please Print: _____
 Name and Title of Officer of the Foreign Service or the United
 Armed Forces Authorized to Administer Oaths

Signature: _____
 Name and Title of Officer of the Foreign Service or the United
 Armed Forces Authorized to Administer Oaths

PART II

**A. SURRENDER OF A CHILD TO AND ACCEPTANCE OF THE SURRENDER BY THE
 TENNESSEE DEPARTMENT CHILDREN'S SERVICES OR A LICENSED CHILD
 PLACING AGENCY BY THE PARENT OR GUARDIAN RESIDING OR TEMPORARILY
 RESIDING IN A FOREIGN COUNTRY**

COUNTRY OF: _____)
CITY OR OTHER LOCATION: _____)

Being duly sworn according to law ,affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by _____, a Licensed Child-Placing Agency, or _____ by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any _____ other legal proceedings for the adoption of my child by other persons.
5.
 - a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the officer who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____**
 (CHILD'S NAME)

TO:

- a. Licensed Child-Placing Agency _____ (Name of LCPA)
- b. _____Tennessee Department of Children's Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____, Legal____ Mother _____
 Biological____, Legal____ Father _____
 Legal Guardian _____

(Rule 0250-7-13-.07, continued)

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print: _____Name and Title of Officer of the Foreign Service or the United
Armed Forces Authorized to Administer Oaths**Signature:** _____Name and Title of Officer of the Foreign Service or the United
Armed Forces Authorized to Administer Oaths***See Notes Below Before Signing****NOTES TO THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:**

1. A minor may complete the surrender to any person eighteen (18) years of age or older.
2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
3. When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. 36-1-111(n).
4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. T.C.A. 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. 36-1-111(q)(1).
2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
3. The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(6)(C). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

1. The copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's Services with this court shall be entered in a special docket for surrenders and shall be styled
"In Re _____"
(Child's Name)
and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (2).
2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1)(2) and (4). Please Certify the copies on the page following the certification given by the officer taking the surrender.

PART II**B. ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY
OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES**

(Rule 0250-7-13-.07, continued)

STATE OF _____)
 COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I, _____, an authorized representative of:
- Licensed Child-Placing Agency _____; or the
 - _____ County Tennessee Department of Children's Services, upon execution of Parts I and II A. by the parent or guardian named therein before a U. S. Foreign Service Officer or Officer of the U. S. Armed Forces authorized to administer oaths, accept the surrender of:
 - Name of Child _____ . DATE: _____

Please Print: _____

Name and Title of Authorized Representative

Signature: _____

Signature of Authorized Representative

SUBSECTIONS 2a.-2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES:

2. I _____ certify on behalf of:
- Licensed Child-Placing Agency _____ (Name of Agency);
 or the
 _____ Tennessee Department of Children's Services:
- _____ That my agency has physical custody of this child; or
 - _____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with this acceptance at this time; or
 - _____ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with this acceptance at this time; or
 - _____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached with this acceptance at this time.

SUBSECTIONS 3. AND 4. MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES.

3. Yes ☐ No ☐ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. ☐ Not Applicable
4. Yes ☐ No ☐ (**Licensed Child-Placing Agency Only**) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.

☐ Not Applicable

FURTHER AFFIANT SAITH NOT.

This _____ day of _____, 20____.

Please Print: _____

Name and title of authorized representative of Tennessee Department of Children's Services or a Tennessee Licensed Child-Placing Agency

Signature: _____

Sworn to and subscribed before me this _____ day of _____, 20 ____.

 NOTARY PUBLIC

(Rule 0250-7-13-.07, continued)

My commission expires:_____.

**CERTIFICATION OF U. S. FOREIGN SERVICE OFFICER
OR OFFICER OF THE UNITED STATES ARMED FORCES**

I, _____, _____an Officer of the U. S. Foreign Service or _____an Officer of the United States Armed Forces, hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents executed and filed with me.

Name and Title of U. S. Foreign Service Officer or
Officer of the United States Armed Forces

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of
_____ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true
and accurate copies of the documents filed with this Court.

Clerk of the _____ Court of
_____ County, Tennessee.

(Seal)

PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].

(Rule 0250-7-13-.07, continued)

4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290**

7. a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO INSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____,
Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
_____, _____,
(Town/City) (State) (Zip Code)
_____, _____,
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
Yes ☐ No ☐ If no, please share address to be used:

_____, _____, _____
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____, _____
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐. If no, please share the address to be used:

_____, _____, _____
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____, _____
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
YES ☐ NO ☐. If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES ☐ NO ☐. If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____
(Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot, without their consent, be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- | | | |
|----------------------------|------------------------------|-----------------------------|
| (1) My siblings: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) My lineal descendants: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) My lineal ancestors: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) The spouses of: | | |
| (a) siblings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) lineal descendants | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) lineal ancestors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

(Rule 0250-7-13-.07, continued)

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐.
- (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
- (3) Future spouse of mine Yes ☐ No ☐
- (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐

- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes ☐ No ☐
- (2) The adopted person's adoptive parents Yes ☐ No ☐
- (3) The adopted person's adoptive siblings Yes ☐ No ☐
- (4) The adopted person's lineal descendants Yes ☐ No ☐
- (5) The legal representatives of any of these persons Yes ☐ No ☐

- c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____

Letters ☐ _____

Personal contact, unannounced ☐ _____

Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided): _____

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here: _____

(Rule 0250-7-13-.07, continued)

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20 ____.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this ____ day of _____, 20 ____.

Please Print:_____
U.S. Foreign Service Officer or Officer of the U.S. Armed Forces**Signature:**_____
U.S. Foreign Service Officer or Officer of the U.S. Armed Forces**CERTIFICATION**

I, _____, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) _____, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before me.

U.S. Foreign Service Officer or Officer of the U.S. Armed Forces**PART IV****REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN****COUNTRY** _____**CITY OR OTHER LOCATION** _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
 - a. Prospective Adoptive Parent(s) _____
 - b. Licensed Child-Placing Agency _____
 - c. Tennessee Department of Children's Services _____.
4. The surrender was executed before: _____
(Name of U.S. Foreign Service Officer or Officer of the U.S. Armed Forces)
5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20 ____.

(Rule 0250-7-13-.07, continued)

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian: _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

This Revocation of Surrender was received by me on the ____ day of _____, 20 ____.

Please Print:

Forces

 U.S. Foreign Service Officer or Officer of the U.S. Armed

Signature (See notes below):

Forces

 U.S. Foreign Service Officer or Officer of the U.S. Armed

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
 Central Office
 Adoption Services
 436 6th Avenue North
 Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, _____, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location) _____, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me.

 U.S. Foreign Service Officer or Officer of the U.S.
 Armed Forces

(Rule 0250-7-13-.07, continued)

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.08 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BEFORE A UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

**FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING
OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY
DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS**

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

COUNTRY OF _____
CITY OR OTHER LOCATION _____

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:
2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____

(Rule 0250-7-13-.08, continued)

3. This child was born in wedlock ☐/ out of wedlock ☐.
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
- a. (1) Name: _____
 (2) Relationship to the child: _____
 (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____

 _____ and
- b. (1) Name: _____
 (2) Relationship to the child: _____
 (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____

 _____ and
- c. (1) Name: _____
 (2) Relationship to the child: _____
 (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____

5. The identity is unknown for the other:
- a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐
6. The whereabouts is unknown for the other:
- a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐
7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been () or will be given () to the prospective adoptive parents to whom the above child is being surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.
8. Information Concerning Child's Native American Heritage:
- a. Are you or the child of Native American heritage? Yes ☐ No ☐
 If no, go to # 9.
 b. If yes, are you eligible for tribal membership? Yes ☐ No ☐
 c. If yes, give name of tribe. _____
 d. Are you registered with a Native American tribe? Yes ☐ No ☐
 e. If yes, give name of tribe. _____
 f. Is your child eligible for tribal membership? Yes ☐ No ☐
 g. If yes, give name of tribe. _____
 h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
 i. If yes, give name of tribe. _____
 j. This information is unknown. Yes ☐ No ☐
9. a. Will this child be sent out of Tennessee to another state or country for adoption?
 Yes ☐ No ☐ If no, go to #10.

(Rule 0250-7-13-.08, continued)

- b. If yes, name of state or country. _____
- c. If yes, Tennessee law will govern the interpretation of this surrender.
10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
 Yes ☐ No ☐
 If no, go to #11.
 If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

- 11 a. Does the child own any real or personal property?
 Yes ☐ No ☐
 If yes, please describe the property owned and give the property value:

- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
 If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12. a. Do you currently have:
 Only legal custody of the child? Yes ☐ No ☐
 Only physical custody of the child? Yes ☐ No ☐
 Both legal and physical custody of the child? Yes ☐ No ☐
- b. If another person(s) holds legal custody of the child at this time, give the following information:
 Name: _____
 Relationship, if any, to you or the child: _____
 Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
 Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
 Name: _____
 Relationship, if any, to you or the child: _____
 Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
 Telephone Number (Home) _____ (Work) _____
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
 Name of Agency: _____
 Street/Rural Route/P.O. Box: _____
 Town/City: _____ State: _____ Zip: _____
- f. Do you intend to give custody to the prospective adoptive parents? Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____

- 13 a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
 Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting a social service agency or a licensed counselor concerning the decision to place this child for adoption? Yes ☐ No ☐

(Rule 0250-7-13-.08, continued)

- c. Have you requested the prospective adoptive parents to provide such counseling for you?
Yes ☐ No ☐ If not, go to #14.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
Yes ☐ No ☐
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes ☐ No ☐
- c. Have you requested the prospective adoptive parents to provide such counseling for you?
Yes ☐ No ☐ If not, go to #15.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
Yes ☐ No ☐
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a **REVOCATION OF SURRENDER** before the officer who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) _____. **The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) _____.** If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) _____. Do you understand this? Yes ☐ No ☐
- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____
 Legal Guardian of _____ of _____

Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print: _____
 Name and Title of Officer of the Foreign Service or the United
 Armed Forces Authorized to Administer Oaths

Signature: _____
 Name and Title of Officer of the Foreign Service or the United
 Armed Forces Authorized to Administer Oaths

PART II**A. SURRENDER OF CHILD DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY**

(Rule 0250-7-13-.08, continued)

COUNTRY OF _____)
 CITY OR OTHER LOCATION OF _____)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by _____ [Name(s) of prospective adoptive parent(s)], and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5.
 - a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
6. **I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____**
 (CHILD'S NAME)

TO:

- a. Prospective Adoptive Mother _____
- b. Prospective Adoptive Father _____

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother _____
 Biological____ Legal____ Father _____
 Legal Guardian _____

Sworn to and subscribed before me this the ____ day of _____, 20__.

Please Print: _____
 Name and Title of Officer of the Foreign Service or the United
 States Armed Forces Authorized to Administer Oaths

*See Notes Below Before Signing Signature: _____
 Name and Title of Officer of the Foreign Service or the United
 States Armed Forces Authorized to Administer Oaths

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T.C.A. § 36-1-111(k).
3. When applicable, as noted in Section B., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o).
4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page

(Rule 0250-7-13-.08, continued)

following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.

5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
3. The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE:

1. The copies of the surrender forms filed by the prospective adoptive parent(s) with this court shall be entered in a special docket for surrenders and shall be styled "In Re _____" and
(Child's Name)
shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2. Within five (5) days of the execution of the surrender, a certified copy Parts I and II filed with this court shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4.) Please certify the copies following the certification by the U. S. Foreign Service Officer or Officer of the U. S. Armed Forces.

PART II

B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant(s) would state:

1. a. I am _____, Prospective Adoptive Mother.
b. Prospective Adoptive Mother's Date of Birth _____
c. Prospective Adoptive Mother's Marital Status _____
d. Prospective Adoptive Mother's Address _____
2. a. I am _____, Prospective Adoptive Father.
b. Prospective Adoptive Father's Date of Birth _____
c. Prospective Adoptive Father's Marital Status _____
d. Prospective Adoptive Father's Address _____
3. Upon execution of Parts I and II A. by the parent or guardian named herein before a U. S. Foreign Service Officer or Officer of the Armed Forces authorized to administer oaths _____ agree to assume
(I/We)
responsibility for obtaining guardianship of _____ through court
(Name of Child)
order within thirty (30) days of the date of this surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

(Rule 0250-7-13-.08, continued)

4. The following costs have been paid by _____ for activities involving the placement of this child.
(me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE A U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES AUTHORIZED TO ADMINISTER OATHS:

5. a. _____ I/We have physical custody of this child; or
- b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached with the acceptance at this time; or
- c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or
- d. _____ Another person or agency currently has physical control of the child. I/We have attached to the acceptance an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OR ARMED SERVICES OFFICER:

6. Yes ☐ No ☐ I/We have attached a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7. Yes ☐ No ☐ I/We have attached the certificate of the completion of () legal/() social counseling if counseling was requested by the surrendering parent. See Item #s 13. and 14. above in Part I.
☐ Not Applicable.
8. Yes ☐ No ☐ If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
☐ Not Applicable.
9. Yes ☐ No ☐ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
☐ Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

(Rule 0250-7-13-.08, continued)

10. Yes ☐ No ☐ a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. ☐ Not Applicable.

b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20 ____.

Signature of Prospective Adoptive Mother

Signature of Prospective Adoptive Father

Sworn to and subscribed before me this ____ day of _____, 20 ____.

NOTARY PUBLIC

My commission expires: _____.

**CERTIFICATION OF U. S. FOREIGN SERVICE OFFICER
OR OFFICER OF THE UNITED STATES ARMED FORCES**

I, _____, ____an Officer of the U. S. Foreign Service or ____an Officer of the United States Armed Forces, hereby certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents executed and filed with me.

Name and Title of U. S. Foreign Service Officer or
Officer of the United States Armed Forces

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the _____ Court of
_____ County, Tennessee.

(Seal)

**PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)**

STATE OF _____)
COUNTY OF _____)

(Rule 0250-7-13-.08, continued)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICE
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th Avenue North
NASHVILLE, TENNESSEE 37243-1290**

7.
 - a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____
Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
_____, _____
(Town/City) (State) (Zip Code)
_____, _____
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact?
Yes ☐ No ☐ If no, please share address to be used:

_____, _____, _____
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____, _____
(Zip Code) (Work Telephone) (Home Telephone)

(Rule 0250-7-13-.08, continued)

- c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐. If no, please share the address to be used:

_____, _____, _____
 (Street/Rural Route/P. O. Box) (Town/City) (State)
 _____, _____, _____
 (Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
 YES ☐ NO ☐. If no, may the listed telephone numbers be shared with eligible persons requesting contact?
 YES ☐ NO ☐. If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____
 (Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- (1) My siblings: Yes ☐ No ☐
 - (2) My lineal descendants: Yes ☐ No ☐
 - (3) My lineal ancestors: Yes ☐ No ☐
 - (4) The spouses of:
 - (a) siblings Yes ☐ No ☐
 - (b) lineal descendants Yes ☐ No ☐
 - (c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐.
 - (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
 - (3) Future spouse of mine Yes ☐ No ☐
 - (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:
- (1) The adopted person Yes ☐ No ☐

(Rule 0250-7-13-.08, continued)

- (2) The adopted person's adoptive parents Yes ☐ No ☐
 (3) The adopted person's adoptive siblings Yes ☐ No ☐
 (4) The adopted person's lineal descendants Yes ☐ No ☐
 (5) The legal representatives of any of these persons Yes ☐ No ☐

c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____

Letters ☐ _____

Personal contact, unannounced ☐ _____

Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER AFFIANT SAITH NOT.

This the _____ day of _____, 20____.

Signature: Biological ___ Legal ___ Mother _____
 Biological ___ Legal ___ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

Please Print: _____

U.S. Foreign Service Officer or Officer of the U.S. Armed
 Forces

Signature: _____

U.S. Foreign Service Officer or Officer of the U.S. Armed
 Forces

CERTIFICATION

I, _____, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location)
 _____, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate
 copy of the document executed before me.

 U.S. Foreign Service Officer or Officer of the U.S.
 Armed Forces

(Rule 0250-7-13-.08, continued)

PART IV**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN****COUNTRY** _____**CITY OR OTHER LOCATION** _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
 - a. Prospective Adoptive Parent(s) _____
 - b. Licensed Child-Placing Agency _____
 - c. Tennessee Department of Children's Services _____
4. The surrender was executed before: _____
(Name of U.S. Foreign Service Officer or Officer of the U.S. Armed Forces)
5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

This Revocation of Surrender was received by me on the ____ day of _____, 20____.

Please Print:

 U.S. Foreign Service Officer or Officer of the U.S. Armed
 Forces
Signature (See notes below):

 U.S. Foreign Service Officer or Officer of the U.S. Armed
 Forces
NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.

(Rule 0250-7-13-.08, continued)

3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
Central Office
Adoption Services
436 6th Avenue North
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).
- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, _____, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state location)
_____, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of
the Revocation of Surrender executed before me.

U.S. Foreign Service Officer or Officer of the U.S.
Armed Forces

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001

0250-7-13-.09 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a licensed child-placing agency or the Tennessee Department of Children's Services in these matters, and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or Licensed Child Placing Agency prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or Licensed Child Placing Agency. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.

(Rule 0250-7-13-.09, continued)

- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.

- (4) Form:

SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The Warden shall require the persons executing these documents to prove their identities satisfactorily to him or her. T.C.A. § 36-1-111(g).

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:
2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____
3. This child was born in wedlock ☐ / out of wedlock ☐.
4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
 - a.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

_____ and _____
 - b.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

_____ and _____
 - c.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

(Rule 0250-7-13-.09, continued)

- _____
- _____
- _____
5. The identity is unknown for the other:
- Legal parent Yes ☐ No ☐
 - Biological parent Yes ☐ No ☐
 - Legal guardian Yes ☐ No ☐
 - Not applicable Yes ☐ No ☐
6. The whereabouts is unknown for the other:
- Legal parent Yes ☐ No ☐
 - Biological parent Yes ☐ No ☐
 - Legal guardian Yes ☐ No ☐
 - Not applicable Yes ☐ No ☐
7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the above-named legal or biological parent/legal guardian has been (____) or will be given (____) to the Tennessee Department of Children's Services or the Licensed Child-Placing Agency to whom the above child is being surrendered.
8. Information Concerning Child's Native American Heritage:
- Are you or the child of Native American heritage? Yes ☐ No ☐
If no, go to # 9.
 - If yes, are you eligible for tribal membership? Yes ☐ No ☐
 - If yes, give name of tribe. _____
 - Are you registered with a Native American tribe? Yes ☐ No ☐
 - If yes, give name of tribe. _____
 - Is your child eligible for tribal membership? Yes ☐ No ☐
 - If yes, give name of tribe. _____
 - Has your child been registered with a Native American tribe? Yes ☐ No ☐
 - If yes, give name of tribe. _____
 - This information is unknown. Yes ☐ No ☐
9. a. Will this child be sent out of Tennessee to another state or country for adoption?
Yes ☐ No ☐ If no, go to #10.
- b. If yes, name of state or country. _____
- c. If yes, I understand Tennessee law will govern the interpretation of this surrender.
10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
Yes ☐ No ☐
If no, go to #11.
If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

11. a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value: _____

- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐

If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

- November, 2001 (Revised)

(Rule 0250-7-13-.09, continued)

17. **Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by other persons?** Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____
 Legal Guardian of _____ of

Name of Child

On this ____ day of _____, 20__, personally appeared before me _____,
 a Notary Public for the State and County noted above, _____ (Name of Parent or
 guardian), who acknowledged that the above document is correct to the best of his/her information and belief.

Notary Public

My Commission Expires: _____

Please Print:

 Name of the Warden of _____
 Correctional Facility Located at _____

 (City, County and State of Facility)

Signature: _____
 WARDEN

On this ____ day of _____, 20__ personally appeared before me _____, a Notary Public for the
 State and County noted above _____, Warden of the correctional facility noted above, who acknowledged that
 he/she witnessed the completion of the pre-surrender information noted above.

Notary Public

My Commission Expires: _____

PART II

**A. SURRENDER OF CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO
 THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY**

STATE OF TENNESSEE
COUNTY OF _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____

(Rule 0250-7-13-.09, continued)

- e. Child's Race: _____
3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by _____, a Licensed Child-Placing Agency, or _____ by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the warden who is conducting this proceeding, or his or her successor.
- b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO _____ (CHILD'S NAME)

TO:

- a. Licensed Child-Placing Agency _____ (Name of LCPA)
- b. _____ Tennessee Department of Children's Services (Please check if applicable.)

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature:

Biological __, Legal __ Mother _____
 Biological __, Legal __ Father _____
 Legal Guardian _____

On this ____ day of _____, 20__, personally appeared before me _____, a Notary Public for the State and County noted above, _____, (Name of Parent or Guardian), who acknowledged that the above surrender of the child, _____, (Name of Child) was executed freely and voluntarily.

 Notary Public

My Commission Expires: _____

Please Print:

 Name of the Warden of _____
 Correctional Facility Located at _____

 (City, County and State of Facility)

***See Notes Below
 Before Signing**

Signature:

 WARDEN

On this ____ day of _____, 20__, personally appeared before me _____, a Notary Public for the State and County noted above, _____, Warden of the correctional facility noted above who acknowledges that he/she witnessed the signing of the surrender of _____ by _____
 (Name of Child)

 (Name of Parent/ Guardian)

 NOTARY PUBLIC

My Commission Expires: _____

NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.

(Rule 0250-7-13-.09, continued)

2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
3. When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-111(p).
4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.
5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to state office Adoption Services of the Tennessee Department of Children's Services, at the address below.

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Parts I and II of the surrender forms received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. § 36-1-111(q)(1).
2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
3. The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the date the surrender is filed. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

1. The copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's Services with this court shall be entered in a special docket for surrenders and shall be styled "In Re _____" and shall be
(Child's Name)
permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2. Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4). Please Certify the copies on the page following the certification given by the Warden.

PART II**B. ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY**

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I, _____, an authorized representative of:
 - a. Licensed Child-Placing Agency _____; or the
 - b. _____ County Tennessee Department of Children's Services upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein, accept the surrender of:
 - c. Name of Child _____ . DATE: _____

Please Print: _____

Name and Title of Authorized Representative

Signature: _____

Signature of Authorized Representative

(Rule 0250-7-13-.09, continued)

SUBSECTIONS 2a.-2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE WARDEN:

2. I _____ certify on behalf of:
 Licensed Child-Placing Agency _____ (Name of Agency);
 or the
 _____ Tennessee Department of Children's Services;
- a. _____ That my agency has physical custody of this child; or
 b. _____ That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or
 c. _____ My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or
 d. _____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached to the acceptance at this time.

SUBSECTIONS 3. AND 4. MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE WARDEN.

3. Yes ☐ No ☐ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. ☐ Not Applicable
4. Yes ☐ No ☐ (**Licensed Child-Placing Agency Only**) I have presented to the court a copy of the Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.

☐ Not Applicable

FURTHER AFFIANT SAITH NOT.

This ____ day of _____, 20____.

Please Print:

 Name and title of authorized representative of Tennessee Department of Children's Services or Tennessee Licensed Child-Placing Agency

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:_____.

CERTIFICATION OF WARDEN

I, _____, Warden of the _____ (Name of Correctional Facility) located at _____ (Location of Facility) hereby certify that the foregoing copies of Parts I and II of the Surrender Forms are true and accurate copies of the documents executed before me.

This ____ day of _____, 20____.

 Warden, _____
 (Name of Correctional Facility)

(Rule 0250-7-13-.09, continued)

Sworn to and subscribed before me this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true and accurate copies of the documents filed with this Court.

Clerk of the _____ Court of _____ County, Tennessee.

(Seal)

PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

(Rule 0250-7-13-.09, continued)

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th Avenue North
NASHVILLE, TENNESSEE 37243-1290

7. a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____
 Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
 _____, _____
 (Town/City) (State) (Zip Code)
 _____, _____
 (Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
 Yes ☐ No ☐ If no, please share address to be used:

_____, _____, _____
 (Street/Rural Route/P. O. Box) (Town/City) (State)
 _____, _____, _____
 (Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐ If no, please share the address to be used:

_____, _____, _____
 (Street/Rural Route/P. O. Box) (Town/City) (State)
 _____, _____, _____
 (Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
 YES ☐ NO ☐
 If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES ☐ NO ☐
 If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____
 (Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- (1) My siblings: Yes ☐ No ☐
- (4) The spouses of:
- (2) My lineal descendants: Yes ☐ No ☐
- (3) My lineal ancestors: Yes ☐ No ☐
- (a) siblings Yes ☐ No ☐
- (b) lineal descendants Yes ☐ No ☐
- (c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

(Rule 0250-7-13-.09, continued)

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐.
- (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
- (3) Future spouse of mine Yes ☐ No ☐
- (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐

- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:

- (1) The adopted person Yes ☐ No ☐
- (2) The adopted person's adoptive parents Yes ☐ No ☐
- (3) The adopted person's adoptive siblings Yes ☐ No ☐
- (4) The adopted person's lineal descendants Yes ☐ No ☐
- (5) The legal representatives of any of these persons Yes ☐ No ☐

- c. If contact is limited to the legal representative of certain classes of persons, please describe:

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____Letters ☐ _____Personal contact, unannounced ☐ _____Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

(Rule 0250-7-13-.09, continued)

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this ____ day of _____, 20____.

Notary Public

My commission expires _____.

Please Print:_____
Warden of State or Federal Penitentiary_____
Name of Facility and Location

Signature: _____
 Warden of State or Federal Penitentiary

Sworn to and subscribed to before me this ____ day of _____, 20____.

Notary Public

My commission expires _____.

CERTIFICATION

I, _____, Warden of the _____ Correctional Facility located at _____, _____ County, State of _____, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before me.

Warden of State or Federal Penitentiary

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

My commission expires on _____.

PART IV**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN**

STATE OF _____
COUNTY OF _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____

(Rule 0250-7-13-.09, continued)

- c. Child's Place of Birth: _____
 d. Child's Sex: _____
 e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
 a. Prospective Adoptive Parent(s) _____
 b. Licensed Child-Placing Agency _____
 c. Tennessee Department of Children's Services _____.
4. The surrender was executed before:

 (Warden of State or Federal Penitentiary)

 (Name of Facility and Location)
5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological ____ Legal ____ Mother _____
 Biological ____ Legal ____ Father _____
 Legal Guardian: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

This Revocation of Surrender was received by me on the ____ day of _____, 20__.

Please Print:_____
Warden of State or Federal Penitentiary_____
Name of Facility and Location**Signature** (See notes below):_____
Warden of State or Federal Penitentiary

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public

My commission expires on _____.

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified Mail, return receipt requested to:

Tennessee Department of Children's Services
 Central Office

(Rule 0250-7-13-.09, continued)

Adoption Services
436 6th Avenue North
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I, _____, Warden of the _____ Correctional Facility located at _____, _____ County, State of _____, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me.

Warden of State or Federal Penitentiary

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires on _____.

Authority: T.C.A. §§4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.10 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORMS FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED

(Rule 0250-7-13-.10, continued)

**IN A STATE OR FEDERAL PENITENTIARY DIRECTLY TO
PROSPECTIVE ADOPTIVE PARENTS**

**PART I
PRE-SURRENDER INFORMATION**

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to him/her. T.C.A. § 36-1-111(g).

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
 - c. Legal Guardian: _____ (Date of Birth) _____, of:

2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____

3. This child was born in wedlock ☐ / out of wedlock ☐.

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:
 - a.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____
 - _____ and
 - b.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____
 - _____ and
 - c.
 - (1) Name: _____
 - (2) Relationship to the child: _____
 - (3) Address _____
 - (4) City, State Zip _____
 - (5) Telephone Number: Home: _____ Work: _____
 - (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian. _____

5. The identity is unknown for the other:
 - a. Legal parent Yes ☐ No ☐

(Rule 0250-7-13-.10, continued)

- b. Biological parent Yes ☐ No ☐
- c. Legal guardian Yes ☐ No ☐
- d. Not applicable Yes ☐ No ☐
6. The whereabouts is unknown for the other:
- a. Legal parent Yes ☐ No ☐
- b. Biological parent Yes ☐ No ☐
- c. Legal guardian Yes ☐ No ☐
- d. Not applicable Yes ☐ No ☐
7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been() or will be given() to the prospective adoptive parents to whom the above child is being surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive parents.
8. Information Concerning Child's Native American Heritage:
- a. Are you or the child of Native American heritage? Yes ☐ No ☐
If no, go to # 9.
- b. If yes, are you eligible for tribal membership? Yes ☐ No ☐
- c. If yes, give name of tribe. _____
- d. Are you registered with a Native American tribe? Yes ☐ No ☐
- e. If yes, give name of tribe. _____
- f. Is your child eligible for tribal membership? Yes ☐ No ☐
- g. If yes, give name of tribe. _____
- h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
- i. If yes, give name of tribe. _____
- j. This information is unknown. Yes ☐ No ☐
9. a. Will this child be sent out of Tennessee to another state or country for adoption?
Yes ☐ No ☐ If no, go to #10.
- b. If yes, name of state or country. _____
- c. If yes, Tennessee law will govern the interpretation of this surrender.
10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?
Yes ☐ No ☐
If no, go to #11. If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

- 11 a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value: _____

- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value: _____

(Rule 0250-7-13-.10, continued)

12. a. Do you currently have:
 Only legal custody of the child? Yes ☐ No ☐
 Only physical custody of the child? Yes ☐ No ☐
 Both legal and physical custody of the child? Yes ☐ No ☐
- b. If another person(s) holds legal custody of the child at this time, give the following information:
 Name: _____
 Relationship, if any, to you or the child: _____
 Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
 Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
 Name: _____
 Relationship, if any, to you or the child: _____
 Address: _____
 (Street, RR, P.O. Box) (Town/City) (State) (Zip)
 Telephone Number (Home) _____ (Work) _____
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
 Name of Agency: _____
 Street/Rural Route/P.O. Box: _____
 Town/City: _____ State: _____ Zip: _____
- f. Do you intend to give custody to the prospective adoptive parents? Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
 Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, a licensed clinical social worker, or other social service agency concerning the decision to place this child for adoption?
 Yes ☐ No ☐
- c. Have you requested the prospective adoptive parents to provide such counseling for you?
 Yes ☐ No ☐ If not, go to #14.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
 Yes ☐ No ☐
14. a. Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
- b. If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes ☐ No ☐
- c. Have you requested the prospective adoptive parents to provide such counseling for you?
 Yes ☐ No ☐ If not, go to #15.
- d. If so, has such counseling been made available to you by the prospective adoptive parents?
 Yes ☐ No ☐
15. Do you understand that if you sign the following surrender of the above-named child that you will have no right to act as parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will be terminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a REVOCATION OF SURRENDER before the warden who is here today, or his or her successor? Yes ☐ No ☐
- b. By signing the surrender of the above named child on this date, (Mo/Day/Yr) _____, the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) _____. The revocation period is ten (10) calendar days and will expire on the tenth (10th) day or (Mo/Day/Yr) _____. If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) _____. Do you understand this?
 Yes ☐ No ☐
- c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding?
 Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes ☐ No ☐

(Rule 0250-7-13-.10, continued)

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother _____
 Biological____ Legal____ Father _____
 Legal Guardian _____ of
 Name of Child _____

On this ____ day of _____, 20____, personally appeared before me _____, a Notary Public for the State and County noted above, (Name of Parent or Guardian) _____ who acknowledged that the above document is correct to the best of his/her information and belief.

Notary Public

My commission expires _____.

Please Print

Name of the Warden of _____
 Correctional Facility Located at _____

 (City, County and State of Facility)

Signature: _____
 Warden

On this ____ day of _____, 20____, personally appeared before me _____, a Notary Public for the State and County noted above, _____, Warden of the correctional facility noted above, who acknowledges that he/she witnessed the completion of the pre-surrender information noted above.

Notary Public

My commission expires _____.

PART II

**A. SURRENDER OF A CHILD BY PARENT OR GUARDIAN INCARCERATED IN A
 STATE OR FEDERAL PENITENTIARY
 DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS**

STATE OF _____
 COUNTY OF _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____ or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be adopted by [Name(s) of prospective adoptive parent(s)] _____, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.

(Rule 0250-7-13-.10, continued)

5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by _____ (Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the Warden who is conducting this proceeding, or his or her successor.

b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO (CHILD'S NAME) _____ TO:

- a. Prospective Adoptive Mother _____
 b. Prospective Adoptive Father _____

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother _____
 Biological____ Legal____ Father _____
 Legal Guardian _____

On this ____ day of _____, 20____, personally appeared before me _____, a Notary Public for the State and County noted above, (Name of Parent or Guardian) _____ who acknowledged that the above surrender of the child (Name of Child) _____ was executed freely and voluntarily.

 Notary Public

My commission expires _____.

Please Print: _____

Name of the Warden of _____
 Correctional Facility Located at _____

 (City, County and State of Facility)

Signature: _____
 Warden

***See Note Below**

On this ____ day of _____, 20____, personally appeared before me _____, a Notary Public for the State and County noted above, _____, Warden of the correctional facility noted above, who acknowledges that he/she witnessed the signing of the surrender of the child _____ by _____.
 (Name of Child) (Name of Parent/Guardian)

 Notary Public

My commission expires _____.

NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

1. A minor may complete the surrender to any person eighteen (18) years of age or older.
2. A separate medical/social history from for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
3. When applicable, as noted in Section B., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o).
4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Part I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to the Adoption Services, Tennessee Department of Children's Services at: 436 6th Avenue North, Nashville, TN 37243-1290.

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

(Rule 0250-7-13-.10, continued)

- Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
- The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
- If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE:

- The copies of the surrender forms filed by the prospective adoptive parent(s) with this court shall be entered in a special docket for surrenders and shall be styled "In Re _____" and
(Child's Name)
shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
- Within five (5) days of the execution of the surrender, a certified copy Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1)(2) and (4.) Please Certify the copies on the page following the certification by the Warden.

PART II**B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS**

STATE OF _____)
COUNTY OF _____)

Being duly sworn, affiant(s) would state:

- I am _____, Prospective Adoptive Mother.
 - Prospective Adoptive Mother's Date of Birth _____
 - Prospective Adoptive Mother's Marital Status _____
 - Prospective Adoptive Mother's Address _____
- I am _____, Prospective Adoptive Father.
 - Prospective Adoptive Father's Date of Birth _____
 - Prospective Adoptive Father's Marital Status _____
 - Prospective Adoptive Father's Address _____
- Upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein where the surrender is accepted _____ agree to assume responsibility for obtaining guardianship of
(I/We) _____ through court order within thirty (30) days of the date of this
(Name of Child)
surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.
- The following costs have been paid by _____ for activities involving the placement of this child.
(me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker

(Rule 0250-7-13-.10, continued)

			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT OR CLERK:

5. a. _____ I/We have physical custody of this child; or
- b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached to the acceptance at this time; or
- c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached to the acceptance at this time; or
- d. _____ Another person or agency currently has physical control of the child. I/We have attached to the acceptance, the affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE WARDEN:

6. Yes ☐ No ☐ I/We have attached hereto a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7. Yes ☐ No ☐ I/We have attached the certificate of the completion of () legal/() social counseling if counseling was requested by the surrendering parent. See Item #s 13 and 14 in Part I. ☐ Not Applicable.
8. Yes ☐ No ☐ If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
☐ Not Applicable.
9. Yes ☐ No ☐ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
☐ Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

10. Yes ☐ No ☐ a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. ☐ Not Applicable.
- b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20____.

Signature of Prospective Adoptive Mother

(Rule 0250-7-13-.10, continued)

Signature of Prospective Adoptive Father

Sworn to and subscribed before me this ____ day of _____, 20____

NOTARY PUBLIC

My commission expires:_____.

CERTIFICATION OF WARDEN

I, _____, Warden of the _____ (Name
of Correctional Facility) located at _____ (Location
of Facility) hereby certify that the foregoing copies of Parts I and II of the Surrender Forms are true and accurate
copies of the documents executed before me.

This ____ day of _____, 20____.

 Warden, _____
 (Name of Correctional Facility)

Sworn to and subscribed before me this ____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

CERTIFICATION OF TENNESSEE CLERK

I, _____, Clerk of the _____ Court of
_____ County, Tennessee, certify the foregoing copies of Parts I and II of the Surrender Forms to be true
and accurate copies of the documents filed with this Court.

 Clerk of the _____ Court of
 _____ County, Tennessee.

(Seal)

PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)

STATE OF _____)
 COUNTY OF _____)

Being duly sworn according to law affiant would state:

1. I am:

- a. Mother: _____, or
 b. Father: _____, or
 c. Legal Guardian: _____ of:

2.

- a. Child's Name: _____
 b. Child's Date of Birth: _____
 c. Child's Place of Birth: _____
 d. Child's Sex: _____

(Rule 0250-7-13-.10, continued)

- e. Child's Race: _____
3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
- b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290**

7. a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____
Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
_____, _____
(Town/City) (State) (Zip Code)
_____, _____
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
Yes ☐ No ☐ If no, please share address to be used:

_____, _____, _____
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____, _____
(Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐ If no, please share the address to be used:

_____, _____, _____
(Street/Rural Route/P. O. Box) (Town/City) (State)
_____, _____, _____
(Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
YES ☐ NO ☐ If no, may the listed telephone numbers be shared with eligible persons requesting contact?
YES ☐ NO ☐ If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____

(Rule 0250-7-13-.10, continued)

(Work Telephone No.)

(Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, they will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- (1) My siblings: Yes ☐ No ☐
 - (2) My lineal descendants: Yes ☐ No ☐
 - (3) My lineal ancestors: Yes ☐ No ☐
 - (4) The spouses of:
 - (a) siblings Yes ☐ No ☐
 - (b) lineal descendants Yes ☐ No ☐
 - (c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐
 - (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
 - (3) Future spouse of mine Yes ☐ No ☐
 - (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:
- (1) The adopted person Yes ☐ No ☐
 - (2) The adopted person's adoptive parents Yes ☐ No ☐
 - (3) The adopted person's adoptive siblings Yes ☐ No ☐
 - (4) The adopted person's lineal descendants Yes ☐ No ☐
 - (5) The legal representatives of any of these persons Yes ☐ No ☐
- c. If contact is limited to the legal representative of certain classes of persons, please describe:
- _____
- _____

(Rule 0250-7-13-.10, continued)

10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)

Telephone ☐ _____

Letters ☐ _____

Personal contact, unannounced ☐ _____

Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐

Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:

11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)

12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:

13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's Services.

FURTHER AFFIANT SAITH NOT.

This the _____ day of _____, 20____.

Signature: Biological ___ Legal ___ Mother _____
 Biological ___ Legal ___ Father _____
 Legal Guardian _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

 Notary Public

My commission expires _____.

Please Print:

 Warden of State or Federal Penitentiary

 Name of Facility and Location

Signature: _____
 Warden of State or Federal Penitentiary

Sworn to and subscribed to before me this _____ day of _____, 20____.

 Notary Public

My commission expires _____.

CERTIFICATION

I, _____, Warden of the _____ Correctional Facility located at _____, _____ County, State of _____, certify the foregoing copy of Part III of the Surrender Forms to be a true and accurate copy of the document executed before me.

(Rule 0250-7-13-.10, continued)

Warden of State or Federal Penitentiary

Sworn to and subscribed before me this ____ day of _____, 20____.

Notary Public

My commission expires on _____.

PART IV**REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN****STATE OF** _____
COUNTY OF _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____, of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a surrender of my parental or guardianship rights to the child named in #2 to:
 - a. Prospective Adoptive Parent(s) _____
 - b. Licensed Child-Placing Agency _____
 - c. Tennessee Department of Children's Services _____
4. The surrender was executed before: _____
Warden of State or Federal Penitentiary

Name of Facility and Location

5. I hereby revoke and void the surrender of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature:	Biological ____ Legal ____	Mother _____
	Biological ____ Legal ____	Father _____
	Legal Guardian: _____	

Sworn to and subscribed before me this ____ day of _____, 20____.

This Revocation of Surrender was received by me on the ____ day of _____, 20____.

Please Print:_____
Warden of State or Federal Penitentiary_____
Name of Facility and Location**Signature** (See notes below):_____
Warden of State or Federal Penitentiary

Sworn to and subscribed before me this ____ day of _____, 20____.

(Rule 0250-7-13-.10, continued)

Notary Public

My commission expires on _____.

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
Central Office
Adoption Services
436 6th Avenue North
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-1-112(c)(2)(B).

CERTIFICATION

I, _____, Warden of the _____ Correctional Facility located at _____, _____ County, State of _____, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me.

Warden of State or Federal Penitentiary

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires on _____.

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

(Rule 0250-7-13-.10, continued)

0250-7-13-.11 PARENTAL CONSENT FORM USED IN CONFIRMATION OF CONSENT PROCEEDING BEFORE THE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used in situations pursuant to T.C.A. 36-1-117(g) where the parent of a child sought to be adopted has signed the adoption petition for the purpose of giving consent to the adoption of the child by the prospective, unrelated, adoptive parents and the Court, pursuant to that provision has set a hearing for the purpose of confirming this consent. The completion of the information in this form is required as part of the confirmation process by the Court before the parent's rights can be considered to be terminated by the parental consent and before orders or guardianship can be entered. The information in Section B of Part I must be obtained prior to entry of an order of guardianship based on a parental consent executed in an adoption petition by unrelated persons and may be obtained prior to and separately from Part A in order to obtain the order of guardianship. Parts I A., II and III should be completed at the time of the confirmation of the parental consent. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be available to the parent at the time of the confirmation of the parental consent.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111(k)(l)(m),(o) and (r) and 36-1-117(g) and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

**FORMS FOR USE IN CONFIRMATION OF PARENTAL CONSENT FILED
WITH ADOPTION PETITION PURSUANT TO T.C.A. § 36-1-117(g) AND
FOR OBTAINING ORDER OF GUARDIANSHIP PURSUANT TO
T.C.A. § 36-1-111(o) & (r)**

PART I**A. PRE-CONFIRMATION INFORMATION**

The following information is required by Tennessee Code Annotated §§ 36-1-117(g) and 36-1-111(k) and must be obtained under oath by the court prior to entry of an order pursuant to T.C.A. § 36-1-117(g) confirming the parental consent filed with the adoption petition.

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STATE OF _____)
COUNTY OF _____)

Being duly sworn according to law, affiant would state:

1. I am:
 - a. Mother: _____ (Date of Birth) _____, or
 - b. Father: _____ (Date of Birth) _____, or
2.
 - a. Child's Name _____
 - b. Child's Date of Birth _____
 - c. Child's Place of Birth _____
 - d. Child's Sex _____
 - e. Child's Race _____
3. This child was born in wedlock ☐ / out of wedlock ☐.

(Rule 0250-7-13-.11, continued)

4. State the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this child:

- a. (1) Name: _____
 (2) Relationship to the child: _____
 (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

 _____ and

- b. (1) Name: _____
 (2) Relationship to the child: _____
 (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

 _____ and

- c. (1) Name: _____
 (2) Relationship to the child: _____
 (3) Address _____
 (4) City, State Zip _____
 (5) Telephone Number: Home: _____ Work: _____
 (6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

5. The identity is unknown for the other:

- a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐

6. The whereabouts is unknown for the other:

- a. Legal parent Yes ☐ No ☐
 b. Biological parent Yes ☐ No ☐
 c. Legal guardian Yes ☐ No ☐
 d. Not applicable Yes ☐ No ☐

7. I state that all information concerning the identity, whereabouts, and social and medical history concerning the other legal or biological parent/legal guardian has been() or will be given() to the prospective adoptive parents to whom the above child is being surrendered or to the agency conducting the adoptive home study, or the attorney for the prospective adoptive parents.

8. Information Concerning Child's Native American Heritage:

- a. Are you or the child of Native American heritage? Yes ☐ No ☐
 If no, go to # 9.
 b. If yes, are you eligible for tribal membership? Yes ☐ No ☐
 c. If yes, give name of tribe. _____
 d. Are you registered with a Native American tribe? Yes ☐ No ☐
 e. If yes, give name of tribe. _____
 f. Is your child eligible for tribal membership? Yes ☐ No ☐
 g. If yes, give name of tribe. _____
 h. Has your child been registered with a Native American tribe? Yes ☐ No ☐
 i. If yes, give name of tribe. _____
 j. This information is unknown. Yes ☐ No ☐

9. a. Will this child be sent out of Tennessee to another state or country for adoption?

Yes ☐ No ☐ If no, go to #10.

- b. If yes, name of state or country.

- c. If yes, I understand Tennessee law will govern the interpretation of this surrender.

(Rule 0250-7-13-.11, continued)

10. Have you been paid, received or been promised any money or other remuneration of thing of value in connection with the birth of the above-named child or placement of this child for adoption?

Yes ☐ No ☐

If no, go to #11.

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost

- 11 a. Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value:

- b. Is it expected that the child will become possessed of any real or personal property? Yes ☐ No ☐
If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:

12. a. Do you currently have:
Only legal custody of the child? Yes ☐ No ☐
Only physical custody of the child? Yes ☐ No ☐
Both legal and physical custody of the child? Yes ☐ No ☐
- b. If another person(s) holds legal custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____
- c. If another person(s) holds physical custody of the child at this time, give the following information:
Name: _____
Relationship, if any, to you or the child: _____
Address: _____
(Street, RR, P.O. Box) (Town/City) (State) (Zip)
Telephone Number (Home) _____ (Work) _____
- d. Is the person(s) who holds custody the prospective adoptive parent? Yes ☐ No ☐
- e. If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
Name of Agency: _____
Street/Rural Route/P.O. Box: _____
Town/City: _____ State: _____ Zip: _____
- f. Have you given custody of the child to the prospective adoptive parents? Yes ☐ No ☐
- g. Explain any other circumstances regarding the custody status of this child: _____
13. a. Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
Yes ☐ No ☐
- b. Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker concerning the decision to place this child for adoption? Yes ☐ No ☐

(Rule 0250-7-13-.11, continued)

14. a. Do you desire to be represented by legal counsel at this confirmation proceeding? Yes ☐ No ☐
 b. If not, do you desire to consult with legal counsel prior to the confirmation of your parental consent for the adoption of this child?
 Yes ☐ No ☐
15. Do you understand that if the court confirms the parental consent executed by you in the adoption petition concerning the above-named child that you will have no right to act as parent of the above-named child in any manner whatsoever forever, and that the child will become the legal child of other persons? Yes ☐ No ☐
16. a. Do you understand that you may revoke or cancel the parental consent you previously gave for the adoption of the above-named child in the adoption petition by signing a paper called a Revocation of Parental Consent before the judge who is here today?
 Yes ☐ No ☐
 b. Do you wish to revoke or cancel your parental consent? Yes ☐ No ☐
 c. Do you understand that if you do sign the Revocation of Parental Consent, the prospective adoptive parents will be required to return the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes ☐ No ☐
17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to allow the above-named child to be adopted by the prospective adoptive parents?
 Yes ☐ No ☐

FURTHER, AFFIANT SAITH NOT.

This the ____ day of _____, 20____.

Signature: Biological____ Legal____ Mother____
 Biological____ Legal____ Father____ of

 Name of Child

Sworn to and subscribed before me this the ____ day of _____, 20____.

Please Print:

 ____Chancellor, ____Circuit Judge
 of _____ County, Tennessee

Signature:

 Chancellor, Circuit Judge**B. AFFIDAVIT OF COMPLIANCE BY PROSPECTIVE ADOPTIVE PARENT(S)****T. C. A. §§ 36-1-111(k) (m) (o) and(r) (6) (A) and 36-1-117 (g)**

NOTE: The information in Part B must be obtained prior to the entry of an order of guardianship based on a parental consent executed in an adoption petition by unrelated persons and may be obtained prior to and separately from Part A in order to obtain the order of guardianship. See T.C.A. § 36-1-111(o).

STATE OF TENNESSEE)
 COUNTY OF _____)

Being duly sworn, affiant(s) would state:

1. a. I am _____, Prospective Adoptive Mother.
 b. Prospective Adoptive Mother's Date of Birth _____
 c. Prospective Adoptive Mother's Place of Birth _____
 d. Prospective Adoptive Mother's Marital Status _____
2. a. I am _____, Prospective Adoptive Father.
 b. Prospective Adoptive Father's Date of Birth _____
 c. Prospective Adoptive Father's Place of Birth _____
 d. Prospective Adoptive Father's Marital Status _____
3. _____ agree to assume responsibility for obtaining guardianship of
 (I/We) _____ through court order within thirty (30) days of the date of this
 (Name of Child)

(Rule 0250-7-13-.11, continued)

surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

4. The following costs have been paid by _____ for activities involving the placement of this child.
(me/us)

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)

SUBSECTIONS 5a.-5d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING MUST EXIST BEFORE PARENTAL CONSENT CAN BE THE BASIS FOR AN ORDER OF GUARDIANSHIP BY THE COURT. T. C. A. § 36-1-111(o):

5. a. _____ I/We have physical custody of this child; or
- b. _____ I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by § 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been presented to the court at this time; or
- c. _____ I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or
- d. _____ Another person or agency currently has physical control of the child. I/We have presented to the court an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 MUST BE ANSWERED "YES" OR MUST BE MARKED "NOT APPLICABLE" BEFORE THE ORDER OF CONFIRMATION AND ORDER OF GUARDIANSHIP IS ENTERED BY THE COURT. T. C. A. § 36-1-111 (m), (o):

6. Yes ☐ No ☐ I/We have presented to the court a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
7. Yes ☐ No ☐ I/We have attached the certificate of the completion of () legal/() social counseling if counseling was requested by the consenting parent. See Item #s 13 and 14 in Part I above. ☐ Not Applicable.
8. Yes ☐ No ☐ If the child has been brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
☐ Not Applicable.
9. Yes ☐ No ☐ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act.
☐ Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

(Rule 0250-7-13-.11, continued)

10. Yes ☐ No ☐ a. If the child is to be removed from Tennessee for adoption in another state, there has been compliance with the Interstate Compact or the Placement of Children. ☐ Not Applicable.

b. If not, how will it be effected?

FURTHER AFFIANT(S) SAITH NOT

This ____ day of _____, 20____.

Signature of Prospective Adoptive Mother

Signature of Prospective Adoptive Father

Sworn to and subscribed before me this _____ day of _____, 20____.

Please Print:

Chancellor, __Circuit Judge
of _____ County,
Tennessee

Signature:

Chancellor or Circuit Judge

***See Notes Below Before
Signing**

NOTES TO THE COURT:

1. Please see T. C. A. § 36-1-102(13), 36-1-111 and 36-1-117(g) for the use of parental consents.
2. A separate medical/social history form for the child, the child's parent(s), and biological relative, must be completed under oath prior to entry of the Order Of Confirmation. T. C. A. § 36-1-111(k).
3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to entry of the Order of Full or Partial Guardianship and prior to entry of the Order of Confirmation. T. C. A. § 36-1-111(k), (m) and (o).
4. The parental consent is not sufficient to vest custodial or guardianship authority with the prospective adoptive parent(s). T. C. A. § 36-1-111(r) (2). Upon satisfactory completion of the above necessary requirements and execution of Part B. in the Pre-Confirmation Form of Part I by the prospective adoptive parent(s), the court may enter an order of Full or Partial Guardianship for the Prospective Adoptive Parent(s). T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the Parental Consent. T. C. A. § 36-1-111(u).
5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the filing of the parental consent, the court shall, if the parental consent is to persons who are not related [T. C. A. § 36-1-102(39)] to the child, issue an Order of Preference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parent(s) by a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parent(s) are indigent under Federal Poverty Guidelines, by the Tennessee Department of Children's Services. The home study shall be returned to the court within sixty (60) days. T.C.A. § 36-1-111(t).

NOTES TO THE CLERK:

1. Certified copies of Parts I and II should be given to the parent(s) executing the parental consent and to the prospective adoptive parent(s). These copies shall be certified on the page following Part II.
2. The originals shall remain in the court file.
3. Certified copies of Part I, II and III should be sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. Please provide certification on pages following Parts II and III.

PART II

IN THE _____ COURT FOR _____ COUNTY

(Rule 0250-7-13-.11, continued)

IN THE MATTER OF:

)
)
)

NO. _____

ORDER OF CONFIRMATION OF PARENTAL CONSENT

This matter came to be heard on the _____ day of _____, 20____, before the Honorable _____, Judge of the _____, Court of _____, County, Tennessee upon the adoption petition filed by _____ (Prospective Adoptive Parent(s)) which contains a parental consent executed pursuant to T. C. A. 36-1-117(g).

The parent _____ (Name of Parent Signing Petition) who signed the adoption petition for the purpose of giving consent to the adoption of _____ (Name of Child) having completed Part I of the Forms for Confirmation of Parental Consent and the court being satisfied that he/she freely and voluntarily consents to the adoption of _____ (Name of Child) by _____ (Name(s) of Prospective Adoptive Parents),

IT IS, THEREFORE, ORDERED THAT:

1. The parental consent of _____ (Name of Parent) in the Petition for Adoption filed in the above-styled matter is confirmed by the court.

2. The parental rights of _____ (Name of Parent Giving Consent) are, pursuant to T. C. A. § 36-1-111(r), hereby forever terminated.

Enter this _____ day of _____, 20____.

CHANCELLOR OR JUDGE

CERTIFICATION

I, _____, Clerk of the _____ Court for _____ County, Tennessee, hereby certify the foregoing copies of Parts I and II of the Parental Consent Forms to be true and accurate copies of the documents filed with the court.

Clerk of the _____ Court of _____ County, Tennessee.

(Seal)

PART III
CONTACT VETO REGISTRATION
T.C.A. § 36-1-111(k)(3)

STATE OF _____)
COUNTY OF _____)

(Rule 0250-7-13-.11, continued)

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, or
 - c. Legal Guardian: _____ of:
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3.
 - a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

**CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th Avenue North
NASHVILLE, TENNESSEE 37243-1290**

7.
 - a. **PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:**

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO INSURE THAT FUTURE CONTACT CAN BE MADE.

_____, _____,
Name (Including Birth & Married Names) (Street/Rural Route/P. O. Box)
_____, _____,
(Town/City) (State) (Zip Code)
_____, _____,
(Home Telephone No.) (Work Telephone No.)

- b. Is this address an address the department may use to write to you concerning your wishes regarding contact.
Yes ☐ No ☐ If no, please share address to be used:

_____, _____, _____
(Street/Rural Route/P. O. Box) (Town/City) (State)

(Rule 0250-7-13-.11, continued)

_____, _____, _____
 (Zip Code) (Work Telephone) (Home Telephone)

- c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐. If no, please share the address to be used:

_____, _____, _____
 (Street/Rural Route/P. O. Box) (Town/City) (State)
 _____, _____, _____
 (Zip Code) (Work Telephone) (Home Telephone)

- d. Are the telephone numbers the numbers the department may use to contact you?
 YES ☐ NO ☐. If no, may the listed telephone numbers be shared with eligible persons requesting contact?
 YES ☐ NO ☐. If no, please list telephone number(s), if any, that might be shared and used to contact you.

_____, _____
 (Work Telephone No.) (Home Telephone No.)

8. a. I wish to **veto** contact with the adopted person and all other classes of eligible persons, who may, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. The filing of a contact veto by you makes the contact veto automatically applicable to your siblings, lineal descendants, lineal ancestors, and the spouses of those persons so that they cannot be contacted by a person eligible to have the records opened. You may, however, exclude persons in those classes from this automatic coverage so that they will have to register a contact veto themselves or, upon location by the department, pursuant to a search request, will have to register a contact veto at the time. [T.C.A. § 36-1-130(a)(6)]. Please indicate whether you wish to exclude any of these persons.
- c. I wish to exclude from the automatic contact veto the following:
- (1) My siblings: Yes ☐ No ☐
 - (2) My lineal descendants: Yes ☐ No ☐
 - (3) My lineal ancestors: Yes ☐ No ☐
 - (4) The spouses of:
 - (a) siblings Yes ☐ No ☐
 - (b) lineal descendants Yes ☐ No ☐
 - (c) lineal ancestors Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

- d. I wish to veto contact with: [T.C.A. § 36-1-128(c)]
- (1) Any future siblings of the adopted person. Yes ☐ No ☐.
 - (2) A current spouse Yes ☐ No ☐ Name of current spouse _____
 - (3) Future spouse of mine Yes ☐ No ☐
 - (4) Any of my lineal descendants Yes ☐ No ☐

Please complete the following for any known individuals:

Name	Relationship To Surrendering Person	Address Street, RR, P. O. Box, Town, State, Zip

(Rule 0250-7-13-.11, continued)

9. a. I give **consent** for the child I am surrendering (adopted person) and **ALL** other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. ☐
- b. I wish to **limit consent** to certain persons and only give consent for contact with the following classes of people:
- (1) The adopted person Yes ☐ No ☐
- (2) The adopted person's adoptive parents Yes ☐ No ☐
- (3) The adopted person's adoptive siblings Yes ☐ No ☐
- (4) The adopted person's lineal descendants Yes ☐ No ☐
- (5) The legal representatives of any of these persons Yes ☐ No ☐
- c. If contact is limited to the legal representative of certain classes of persons, please describe:
- _____
- _____
10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact)
- Telephone ☐ _____
- Letters ☐ _____
- Personal contact, unannounced ☐ _____
- Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐
- Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact:
- _____
- _____
- _____
11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided)
- _____
- _____
- _____
12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here:
- _____
- _____
- _____
13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's services.

FURTHER AFFIANT SAITH NOT.

This the _____ day of _____, 20____.

Signature: Biological ____ Legal ____ Mother _____

Biological ____ Legal ____ Father _____

Sworn to and subscribed to before me this _____ day of _____, 20____.

Notary Public

My commission expires _____.

Please Print:

 ____Chancellor ____Circuit Judge
 of _____ County, Tennessee

Signature_____
Chancellor or Circuit Judge

(Rule 0250-7-13-.11, continued)

CERTIFICATION

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copy of Part III of the Parental Consent Forms to be a true and accurate copy of the document executed before this Court.

Clerk of the _____ Court of
_____ County, Tennessee

(Seal)

PART IV**REVOCATION OF PARENTAL CONSENT BY A PARENT****STATE OF TENNESSEE****COUNTY OF** _____

Being duly sworn according to law affiant would state:

1. I am:
 - a. Mother: _____, or
 - b. Father: _____, of
2.
 - a. Child's Name: _____
 - b. Child's Date of Birth: _____
 - c. Child's Place of Birth: _____
 - d. Child's Sex: _____
 - e. Child's Race: _____
3. On _____ (Date), I executed a parental consent for the adoption of the child named in #2 to

Prospective Adoptive Parent(s)
4. The petition for adoption containing the parental consent was filed in the _____ Court for
_____ County, Tennessee.
5. I hereby revoke and void the parental consent to the adoption of the above-named child.

FURTHER AFFIANT SAITH NOT.

This the ____ day of _____, 20__.

Signature: Biological ____ Legal ____ Mother _____
Biological ____ Legal ____ Father _____

Sworn to and subscribed before me this ____ day of _____, 20__.

This Revocation of Parental Consent was received by me on the ____ day of _____, 20__.

Please Print:

Chancellor Circuit Judge
of _____ County, Tennessee

Signature (See notes below):_____
Chancellor or Circuit Judge**NOTES TO COURT:**

1. The revocation must be executed before the entry of the Order of Confirmation. T.C.A. § 36-1-112(a)(2).

(Rule 0250-7-13-.11, continued)

2. The court receiving the revocation shall maintain the originals in the office of the clerk where the adoption petition is filed together with the original of the adoption petition containing the parental consent and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) and to the prospective adoptive parents to whom the parental consent was given. See, T.C.A. § 36-1-112(c)(1).
3. A certified copy of the revocation shall be attached to a certified copy of the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services
Central Office
Adoption Services
436 6th Avenue North
Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

Please provide the certification on the page following this Revocation form.

CERTIFICATION

I, _____, Clerk of the _____ Court of _____ County, Tennessee, certify the foregoing copy of the Revocation of Parental Consent to be a true and accurate copy of the Revocation of Parental Consent executed before this Court.

Clerk of the _____ Court of _____
County, Tennessee

(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.12 CERTIFICATION OF SOCIAL COUNSELING FORM.

- (1) The following form is used for certification of the completion of any social counseling requested pursuant to T.C.A. §36-1-111(k)(2)(E) by the person who is surrendering the child for adoption, or who is executing a parental consent to unrelated persons, and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon any surrender, or parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

CERTIFICATION OF COMPLETION OF SOCIAL COUNSELING RELATED TO ADOPTION PLACEMENT DECISION BY PARENT(S) TENNESSEE CODE ANNOTATED, § 36-1-111(l)(1)

If the person surrendering the child(ren) for adoption has requested that the prospective adoptive parent(s) provide social counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the person who provided such counseling before the surrender is executed. See, T.C.A. § 36-1-111(l)(1). NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR (_____)
COUNTY OF _____

(Rule 0250-7-13-.12, continued)

Being duly sworn according to law, affiant would state:

1. I am _____, (Name of Person Providing Social Counseling).
2. I was employed by, _____ (Name of person(s) employing counselor to provide social counseling to surrendering person) to provide counseling to _____ (Name of person to whom was provided) regarding the social issues surrounding the decision by this person to place _____ (Name(s) of the child(ren)) for adoption.

This is to certify that during the course of social counseling the following issues have been addressed with

(Name of Birth/Legal Mother)_____,
(Name of Birth/Legal Father)_____
(Legal Guardian)

who is before the Court (___), Warden (___), Officer (___) to surrender the child

(Name of Child) for the purpose of adoption.

Options/Decisions	Yes	No
To parent the child		
To place the child for the purpose of adoption		
Consequences of Decisions		
Exploration of Support Systems		
Family		
Friends		
Financial		
Employment/Education		
Child Support		
Public Assistance		
Birth Father/Mother Other (Identify)		
Grief/Loss Issues Related to Options for:		
Self		
Child		
Present Issues		
Future Issues		
Referral for further counseling		
Exploring Parenting Option		
Concept of Parenting		
Single Parenting		
Marriage Issues		
Present		
Future		
Financial/Employment/Child Support		
Medical Insurance		
Housing		
Education plan for self		
Child care		
Future life goals/plans		
Needs of the child		
Basic (food, clothing, housing)		
Special needs		
Physical safety		
Emotional Development		
Exploring Adoptive Placement		
Agency placement (DHS & private)		
Independent placement		

(Rule 0250-7-13-.12, continued)

Plan of birth/legal mother or father		
Identification/information about birth parent, custodial person/guardian		
Background information		
Termination of parental rights		
Voluntary/involuntary		
Revocation of surrender		
Involvement in adoption process		
Selection of family		
Openness		
Meeting adoptive family		
Continued contact		
Direct placement/foster care placement		
Adoptive family preparation		
Agency selection of family		
Oral/physical presentation of child		
Pre-placement activity process		
Placement/post-placement services		
Finalization/court process		
Post legal adoption services		
Access of adoption records		
Contact veto registry		

SUMMARY OF COUNSELOR'S ASSESSMENT/RECOMMENDATION

(If report is a separate document, please write "See attached" and attach report with this certification.)

This the ___ day of _____, 20__

FURTHER, AFFIANT SAITH NOT.

Please Print: _____

Person Providing Social Counseling
to Surrendering Person

Title: _____

Name of Agency, if Appropriate: _____

Address: _____

Signature: _____

Sworn to and subscribed before me this ___ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____

PARENT'S STATEMENT

The above counseling issues have been discussed with me. As a result of the issues addressed during this process and in what I believe to be the best interest of my child _____, I _____,

(Name of Child)

(Birth/Legal Mother)

_____, or _____ have made the
(Birth/Legal Father) (Legal Guardian)

following plan for my child/ward. (Please Describe Your Decision/Plan):

Please Print: _____
(Name of Parent/Legal Guardian)

Signature of Parent/Legal Guardian: _____

(Rule 0250-7-13-.12, continued)

Date: _____

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111(k)(l)(1)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.13 CERTIFICATION OF LEGAL COUNSELING.

- (1) The following form is used for certification of the completion of any legal counseling requested pursuant to T.C.A. §36-1-111(k)(2)(F) by the person who is surrendering the child for adoption or who is executing a parental consent to unrelated persons and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon a surrender or a parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**CERTIFICATION OF COMPLETION OF LEGAL COUNSELING RELATED
TO ADOPTION PLACEMENT DECISION BY PARENT(S)
TENNESSEE CODE ANNOTATED, § 36-1-111(l)(2) and (o)**

If the person surrendering the child(ren) for adoption, or executing a parental consent to unrelated persons, has requested that the prospective adoptive parent(s) provide legal counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the attorney who provided such counseling before the surrender is executed or before an Order of Guardianship is entered based upon a surrender or parental consent. See, T.C.A. § 36-1-111(l)(2) and (o). NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

STATE OF TENNESSEE OR (_____)
COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am _____, (Name of attorney providing legal counseling to surrendering person). I am licensed to practice law in the State of Tennessee (or such other State or Country as may be applicable. Please specify.)
My Board of Professional Responsibility Number (or other licensing registration number) is _____.
2. I was employed by, _____ (Name of person(s) employing attorney to provide legal counseling to surrendering person) to provide legal advice to _____ (Name of person to whom legal advice was rendered) regarding the legal issues surrounding the decision by this person to place _____ (Name(s) of the child(ren) for adoption).
3. I certify that I have completed an explanation of any questions posed by _____ (Name of person to whom legal advice was rendered), and that legal counseling has been completed, and they have stated to me that they understand such issues and their rights, and that they wish to proceed with the plan to surrender the above-named child.

This the ___ day of _____, 20__

FURTHER AFFIANT SAITH NOT.

Please Print: _____
Attorney Providing Legal Counsel to
Surrendering Person

Address: _____

Signature: _____

Sworn to and subscribed before me this ___ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____

(Rule 0250-7-13-.13, continued)

Authority: T.C.A. §§ 4-5-201, *et seq.*, 36-1-111(k),(l)(2)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.14 PAYMENT DISCLOSURE FORM.

- (1) The following form contains information required by T.C.A. §36-1-116(b)(16) to be filed by the prospective adoptive parents with the adoption petition concerning payments made to birth parents and other persons related to the birth of the child, fees paid to child-placing agencies, to attorneys, for counseling for the parents, and for any other fees and expenses in relation to the child's placement with them, and may be filed as an exhibit to the petition.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**PAYMENT DISCLOSURE FORM FOR USE IN PETITION FOR ADOPTION
TENNESSEE CODE ANNOTATED, § 36-1-116(b)(16)**

This form must be filed with the adoption petition. See, T.C.A. § 36-1-116(b)(16).

STATE OF TENNESSEE
COUNTY OF _____

Being duly sworn according to law, affiant(s) would state:

1. I am/We are _____ (Name of Prospective Adoptive Mother) and _____ (Name of Prospective Adoptive Father), the petitioner(s) seeking the adoption of _____ (Name of Child) pursuant to a petition for adoption filed in the _____ Court for _____, County, Tennessee.
2. I/We have paid or promised to pay the following money, fees, contributions, or other remuneration or thing of value in the connection with the birth, placement, or adoption of this child (Attach additional sheets as necessary):
 - a. Medical or hospital expenses of birth mother and child.(Attach Additional Sheets If Necessary):
 - (1) Entities or Persons who received payments, contributions, fees, or other things of value;
 - (2) The specific amount of payments, contributions, fees, or value of things given; and,
 - (3) The specific purpose of payments, contributions, fees, or other things of value:
 - b. Other birth related expenses (Attach Additional Sheets If Necessary):
 - (1) Entities or Persons who received payments, contributions, fees, or other things of value;
 - (2) The specific amount of payments, contributions, fees, or value of things given; and,
 - (3) The specific purpose of payments, contributions, fees, or other things of value:

(Rule 0250-7-13-.14, continued)

- c. Expenses paid to or on behalf of the child's parent(s) including, but not limited to, housing, food, maternity clothing, child's clothing, utilities, transportation (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

- d. Fees or payments paid to any attorney at law and other costs of legal proceedings in connection with the birth, placement, or litigation for the adoption of this child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

- e. Counseling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

- f. Fees or payments paid to any licensed child-placing agency or licensed clinical social worker (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

- g. Any other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or adoption of this child, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary):

- (1) Entities or Persons who received payments, contributions, fees, or other things of value;
- (2) The specific amount of payments, contributions, fees, or value of things given; and,
- (3) The specific purpose of payments, contributions, fees, or other things of value:

FURTHER AFFIANT(S) SAITH NOT.

This the ____ day of _____, 20__

Please Print: _____
 Prospective Adoptive Mother

(Rule 0250-7-13-.14, continued)

Signature: _____

Please Print: _____
Prospective Adoptive Father

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-116(b)(16), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.15 ADOPTION CONSENT FORM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE.

- (1) The following form is used to obtain the consent of a child who is fourteen (14) years of age or older to his or her adoption as required by T.C.A. § 36-1-117(i).
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF
AGE OR OLDER
TENNESSEE CODE ANNOTATED, § 36-1-117(i)**

STATE OF TENNESSEE**COUNTY OF** _____

Being duly sworn according to law, affiant would state:

1. I am _____, (Use the Name of Minor Child Prior to any Name Change Requested in the Petition, Fourteen (14) years of age or older), Born _____ (Date Of Birth).
2. I understand that _____, (Name of Prospective Adoptive Mother), and _____, (Name of Prospective Adoptive Father) have filed a Petition to Adopt me.
3. I understand that if the Court enters an order of adoption based upon the Petition, that I will become the legal child of _____, (Name of Prospective Adoptive Mother), and _____, (Name of Prospective Adoptive Father), and that they will become my parent(s) for all purposes, just the same as if I had originally been born to them (him/her).
4. I understand that, while I remain under eighteen (18) years of age, my adoptive parent(s) will have the right to determine if I should contact or visit with anyone in my birth family.
5. I understand that I will have the right to inherit property from my adoptive parent(s), and their (his/her) descendants will have the right to inherit property from me or my descendants but only for property I acquire after the adoption order is entered. After the order of adoption is entered, I will not inherit property from my birth family, nor will they inherit property from me after the order of adoption is entered. I may inherit from or through a parent whose rights were not terminated before his or her death.

(Rule 0250-7-13-.15, continued)

6. No one has pressured me to agree to this adoption, and I believe that my adoption by _____, (Name of Prospective Adoptive Mother), and _____, (Name of Prospective Adoptive Father), is in my best interests. I wish for the adoption to take place.
7. I freely and voluntarily, without pressure from anyone, consent to this adoption.

This the ____ day of _____, 20____

FURTHER AFFIANT SAITH NOT

Please Print: _____
Name of Minor Child

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20____

Please Print: _____
____ Chancellor ____ Circuit Judge of the
____ Court for _____
County, Tennessee.

Signature: _____

*See Note Below

NOTE TO THE COURT:

A guardian ad litem must be appointed by the court to represent the child before this Consent is received, and must be present at the time the Consent is received by the Court. The consent shall be filed with the record of this case. The consent must be recited in the order of adoption T.C.A. § 36-1-117(i).

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.16 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE AND WHO IS MENTALLY DISABLED.

- (1) The following form is used to obtain the consent of a guardian ad litem of a mentally disabled child who is fourteen (14) years of age or older for the adoption of that child as required by T.C.A. § 36-1-117(i).
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**CONSENT BY GUARDIAN AD LITEM TO ADOPTION OF MENTALLY
DISABLED MINOR WHO IS FOURTEEN (14) YEARS OR OLDER
TENNESSEE CODE ANNOTATED, § 36-1-117(i)**

STATE OF TENNESSEE
COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am, _____, Guardian Ad Litem for the minor child, _____, who is fourteen (14) years of age or older and is mentally disabled.

(Rule 0250-7-13-.16, continued)

2. I have been appointed by this Court to represent the best interests of this child in the petition for his/her adoption by _____, (Name of Prospective Adoptive Mother), and _____, (Name of Prospective Adoptive Father).
3. I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this child by the petitioners.
4. Based upon my investigation and report, I ☐ give consent/☐ withhold consent to the adoption of _____, (Name of Child) by the petitioners.

This the ____ day of _____, 20__

FURTHER AFFIANT SAITH NOT.

Please Print: _____
(Name of Guardian Ad Litem)Address: _____

Signature: _____

Sworn to and subscribed before me this the ____ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.17 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR FOR ADULT WHO IS BEING ADOPTED AND WHO IS MENTALLY DISABLED.

- (1) The following form is used to obtain the consent of a guardian ad litem or guardian or conservator to the adoption of a mentally disabled adult as required by T.C.A. § 36-1-117(j).
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**CONSENT BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR
TO ADOPTION OF MENTALLY DISABLED ADULT
TENNESSEE CODE ANNOTATED, § 36-1-117(j)**

STATE OF TENNESSEE
COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am, _____, Guardian Ad Litem, Guardian or Conservator for, _____, an adult who is mentally disabled.
2. (Guardian Ad Litem only) I have been appointed by this Court to represent the best interests of this disabled adult in the petition for his/her adoption by _____, (Name of Prospective Adoptive Mother), and _____, (Name of Prospective Adoptive Father).

(Rule 0250-7-13-.17, continued)

3. (Guardian Ad Litem only) I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this disabled adult by the petitioners.
4. (Guardian Ad Litem only) Based upon my investigation and report, I
☐ give consent/☐ withhold consent to the adoption of _____, (Name of Disabled Adult) by the petitioners.
5. As Guardian or Conservator, I ☐ give consent/☐ withhold consent to the adoption of
 _____, (Name of Disabled Adult) by the petitioners.

This the ____ day of _____, 20__

FURTHER AFFIANT SAITH NOT.

Please Print: _____
 (Name of Guardian Ad Litem,
 Guardian or Conservator)

Address: _____

Signature: _____

Sworn to and subscribed before me this the ____ day of _____, 20__

 NOTARY PUBLIC

My Commission Expires: _____

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(j), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.18 FEE DISCLOSURE FORM FOR AGENCY OR LICENSED CLINICAL SOCIAL WORKER.

- (1) The following form is to be used by a licensed child-placing agency or a licensed clinical social worker to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the prospective adoptive parents, and must be filed with the proposed order of adoption prior to the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**LICENSED CHILD-PLACING AGENCY OR LICENSED CLINICAL SOCIAL
 WORKER FEE DISCLOSURE STATEMENT
 TENNESSEE CODE ANNOTATED, § 36-1-120(b)**

This affidavit must be filed by the licensed child-placing agency or the licensed clinical social worker with the proposed adoption order prior to entry of the order by the Court.
See, T.C.A. 36-1-120(b).

STATE OF TENNESSEE
 COUNTY OF _____

Being duly sworn according to law, affiant would state:

(Rule 0250-7-13-.18, continued)

1. I am _____, an authorized representative of _____, (Name of Licensed Child-Placing Agency) [or] _____, (Name of Licensed Clinical Social Worker).

2. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving the placement of the child (ren): _____):
(Names of Child (ren)

- a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by
- b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

3. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving home studies of the prospective adoptive parent(s): _____):
a. State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by
b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

4. My agency [or I] has [have] charged _____ (Names of Prospective Adoptive Parent(s) the following fees or other charges involving supervision of the placement of the child (ren) in the home of the prospective adoptive parent(s): _____):

- a. State first the service(s) rendered in conducting supervision of the child's (children's') placement in the home of the petitioner(s) immediately followed by
- b. The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):

This the ____ day of _____, 20____

FURTHER AFFIANT SAITH NOT.

Please Print: _____
Authorized Representative of Licensed
Child-Placing Agency/ or Licensed
Clinical Social Worker

Address: _____

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

(Rule 0250-7-13-.18, continued)

Authority: T.C.A. §§4-5-201, et seq., 36-1-120(b), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.19 FEE DISCLOSURE FORM FOR ATTORNEY.

- (1) The following form is used to by an attorney to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the prospective adoptive parents, and must be filed with the proposed order of adoption prior the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**ATTORNEY FEE DISCLOSURE AFFIDAVIT
TENNESSEE CODE ANNOTATED, § 36-1-120(b)**

This affidavit must be filed by the attorney representing the petitioners with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. § 36-1-120(b).

STATE OF TENNESSEE
COUNTY OF _____

Being duly sworn according to law, affiant would state:

1. I am _____, attorney for petitioners _____ (Names of Prospective Adoptive Parents) in the adoption proceeding styled: _____ which is filed in the _____ Court for _____, County, Tennessee in which they (he/she) have sought to adopt _____ (Name(s) of Child (ren), and in which the Court has ordered the entry of an order of adoption pursuant to that petition.
2. The following are fees charged by me or persons who are employed, contracted by, or associated with me for services rendered for the placement of the child (ren) with the Petitioner(s). (Attach additional sheets if necessary):
 - a. State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by
 - b. The specific fees charged petitioner(s) for each service:

3. The following are fees charged by me or persons who are employed, contracted by, or associated with, me for legal services rendered to Petitioner(s) in the adoption proceedings involving the child (ren): (Attach additional sheets if necessary):
 - a. State first the legal service(s) rendered in the proceedings for the adoption of the child(ren) by the petitioner(s) immediately followed by
 - b. The specific fees charged petitioner(s) for each service:

4. The following are fees paid by me or persons who are employed, contracted by, or associated with, me to any other person or entity for services rendered in securing the placement of the child(ren) with the petitioners or for securing any services related to securing any home studies or surrender of the child(ren):
 - a. State first the services rendered by persons or entities whose services assisted in securing the child's (children's) placement, or for securing a home study or surrender of the child(ren) followed immediately by,
 - b. The specific amount of the fees paid for each service to that person or entity:

(Rule 0250-7-13-.19, continued)

This the ____ day of _____, 20____

FURTHER AFFIANT SAITH NOT.

Please Print: _____

Attorney for Petitioner(s)

Address: _____

Signature: _____

Sworn to and subscribed before me this ____ day of _____, 20____

 NOTARY PUBLIC

My Commission Expires: _____

Authority: T.C.A. §§4-5-201, et seq., 36-1-120(b), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.20 RELEASE OF INFORMATION FORM FOR UPDATED MEDICAL INFORMATION.

- (1) The following form is used when a request for medical information is made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information pursuant to T.C.A. § 36-1-135, and the Department of Children's Services in these matters, is contacting the persons who have access or who may have access to those records.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

**RELEASE OF INFORMATION FOR UPDATED MEDICAL INFORMATION
TENNESSEE CODE ANNOTATED, § 36-1-135(c)**

This Release of Information should be used when a request for medical information has been made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information about an adopted person, or their biological or legal relatives and the Department of Children's Services is contacting the persons who have access to or have or may have knowledge of such information. See, T.C.A. 36-1-135.

I, _____, (Name of Person Executing the Release) have been told by the Tennessee Department of Children's Services that a person eligible to request updated medical, psychological, or psychiatric information has requested additional or updated medical, psychological, or psychiatric information to which I may have access or of which I may have knowledge.

I understand that if I have authority to release such information, that such release is entirely voluntary on my part.

1. I hereby release the following specific information to the Tennessee Department of Children's Services and its authorized agents to provide such information about me to the treating professionals or health care facilities for the purpose of assisting with the medical, psychological, or psychiatric care of the requesting party (Attach Additional Sheets if Necessary):

(Rule 0250-7-13-.20, continued)

2. Names and addresses of Treating Professionals or Health Care Facilities from Whom the Information May Be Released Pursuant to My Approval (Attach Additional Names if Necessary):

a. _____
 b. _____
 c. _____
 d. _____
 e. _____
 f. _____

3. Other than the specific information given above, I wish to share other medical information about me and/or other relatives: (If information is given about other relatives, please specify their relationship to you.)

4. This Release Shall Expire in four (4) months from date of my signature unless otherwise stated here _____. Thereafter a new release must be executed for further release of additional or updated medical information.

This the ____ day of _____, 20____

Please Print: _____
 Name of Person Signing Release

Signature: _____

Authority: T.C.A. §§4-5-201, et seq., 36-1-135, 36-1-125 and, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-7-13-.21 CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD

- (1) The following form is to be used by a licensed child-placing agency, the Tennessee Department of Children's Services or an agency such as another state or federal agency to give consent to the adoption of a child by the prospective adoptive parent(s) to the extent that the agency or Department has either full or partial guardianship based upon a surrender, or other relinquishment of parental rights, or by a termination of those rights by involuntary court action.

- (2) Form:

**CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE
 DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD
 T.C.A. §§ 36-1-116(b)(11) and 117 (h)**

STATE OF _____)
 COUNTY OF _____)

First being duly sworn according to law, affiant would state:

1. I am, _____, Executive Head of _____
 _____ (A licensed child-placing agency); or an authorized representative of the Tennessee
 Department of Children's Services; or an authorized representative of _____, a state or
 federal agency with the right to place the child for adoption _____, (Legal Name of Child)
 D.O.B. _____.

(Rule 0250-7-13-.21, continued)

2. My agency or department holds ___ full or ___ partial guardianship of the child by a surrender or relinquishment of rights by one or both parents or guardians of the child, or by termination of the parental or guardianship rights of one or both parents or guardians.

3. I am authorized by my agency to give consent to the adoption of this child by:

_____ Prospective Adoptive Mother

_____ Prospective Adoptive Father

4. On behalf of my agency, and to the extent of my agency's full or partial guardianship of:
_____ (Child's Name), I give consent to the adoption of this child by the above
prospective adoptive parent(s).

This ___ day of _____, 20__

FURTHER AFFIANT SAITH NOT.

Print Name:

Name of Person Authorized to Give Consent

Title

Signature:

Sworn to and subscribed before me this ___ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____.

Authority: T.C.A. §§4-5-201, et seq., 36-1-116(b)(11), 36-1-117(h), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.